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ABSTRACT

A study conducted to determine the characteristics and circumstances of child deaths related to abuse and neglect in Texas during 1975-77 is the subject of this document. Following an introduction providing study background and a review of related literature, the second section provides a brief description of the Child Abuse and Neglect Reprint and Inquiry Systems (CANRIS) and describes derivation of the study sample. Also presented in this section are the specification and coding of the major variables included in the study, along with an overview of the data analysis procedures used. The third section offers in detail the results of the comprehensive analysis in terms of circumstances and characteristics of child deaths, family background, type of child abuse, neglect incident implicated in death of child, and distribution of victims by age and sex. Finally, the last section suggests measures to improve the state's delivery of child protective services to the population at risk. Five appendices include CANRIS report and case file abstract forms, master listings of CANRIS and case file variables considered for study, and an annotated bibliography of infanticide and child abuse and neglect literature. (MP)

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Child Deaths in Texas

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The University of Texas at Austin

CHILD DEATHS IN TEXAS

A STUDY OF CHILD DEATHS ATTRIBUTED TO ABUSE AND NEGLECT

(1975 - 1977)

Summer, 1981

Prepared by:

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Prepared for:

Texas Department of Human Resources
Protective Services Division

PS 013471

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ACKNOWLEDGEMENTS

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Title XX funds were used to support the major phases of the study through the University of Texas School of Social Work. Stephen C. Anderson, PhD, served as Project Coordinator for the initial stages of the study. He was assisted by Ed Jarvis, MSSW; Holly Bell Henderson, MSSW; Gloria Aguilar, MSSW; Stephen McMurtry, MSSW; and Richard Grinnell, PhD. Staff of the Region VI Child Abuse and Neglect Resource Center involved in various phases of the study as it progressed include Al Valiunas, MA, Information Coordinator, and support staff, Judy McDaniels, Julie Cunniff and Helen Schlegel, who were responsible for typing, editing and printing the many drafts and seeing the production of the report through its final completion. This report also would not have been possible without the efforts of Robert Ambrosino, PhD, consultant to the Center, who assisted in coordinating the various data analyses and in completing the final report.

Finally, a special note of recognition is deserving of the regional and local child welfare staff of the Texas Department of Human Resources for all of their support and assistance and the dedication with which they conduct themselves in their daily efforts to prevent child deaths such as those described in this report.

Michael L. Lauderdale, PhD

Rosalie Anderson, MEd

Region VI Child Abuse and Neglect
Resource Center

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EXECUTIVE SUMMARY

This study has isolated and examined a serious societal problem, i.e., child abuse and neglect implicated in the death of a child, using a complex and comprehensive data base. An attempt was made to determine subsets of variables which would suggest a victim profile, an alleged perpetrator(s) profile, and selected environmental variables which appear to play a key role in child deaths implicated in abuse or neglect situations. Selected characteristics and conditions of the child and of the protective services delivery system were also examined.

Two major data sources were examined [i.e., the Child Abuse and Neglect Inquiry and Reporting System (CANRIS), and case file data] to determine the characteristics and conditions surrounding incidents of child abuse and neglect implicated in the death of the victim. Over one hundred variables were studied, with the goal of illuminating key dimensions of abuse or neglect situations implicated in child deaths. Considerable difficulty was experienced, however, in applying a rigorous research framework to the present study because of the way in which data on such cases were reported and/or coded, the absence of full or complete case records to supplement the inquiry process, and the lack of substantive follow-up information on key variables under study. What can be learned, however, from this collective experience is that we are dealing with a complex social problem with many and diverse dimensions.

It appears from the data of this study that we are dealing with severely troubled and multiproblem families, who through desperation, inadequate parenting skills, or social isolation have engaged in abusive and neglectful behavior implicated in the deaths of their children. The development of the CANRIS system was heralded as an important step in providing a detailed information base from which a better understanding of the etiology and manifestation of this problem could be obtained. Through such an understanding, training curricula, as well as specialized child protective services programs, were to be developed to reduce abuse and neglect leading to death of a child.

Within the current constraints identified above, it was possible through the auspices of this study to identify a set of variables which would suggest a profile of an individual (alleged perpetrator) who engages in abuse or neglect situations implicated in the death of a child. It was further possible to identify a similar set of variables which would suggest a profile of a child (victim) fatally injured under such circumstances. Certain aspects of those intervention systems involved in child abuse and neglect cases were also identified which could potentially contribute to a breakdown in those systems likely to result in a child being fatally injured by abuse or neglect.

Listed below are a set of recommendations based on the specific results and conclusions of this study:

(1) that specialized training in the continued use of the CANRIS data system be provided for protective services workers statewide in order that the overall data collection and reporting process can be upgraded and enhanced;

(2) that special efforts be expended by DHR to improve intra- and interagency coordination, consultation, and referral, in an effort to increase the efficiency with which child protective services cases are identified, referred to the appropriate DHR division, and subsequent intervention services initiated;

(3) that awareness training and publicity be provided to DHR personnel outside of the protective services program, as well as other agencies

and individuals in the community who are involved with cases of child abuse and neglect, to effect the early identification, classification, and reporting of such cases;

(4) that particular emphasis be afforded to improving the quantity and quality of case file information provided by DHR agencies on cases of child abuse and neglect, in order that a better understanding of the phenomenon can be obtained;

(5) that the distribution of cases of child abuse and neglect be reviewed by DHR according to the specific locality (county or region) in which they occurred in order that adequate staffing patterns and services can be developed. Other indicators, such as ethnic differences, need to be reviewed to ensure that appropriate services are delivered according to ethnic- and cultural-specific needs;

(6) that the health service delivery system as it relates to the Mexican-American population of Texas be examined to determine the extent to which these services are accessible and culturally relevant to this population. Of particular concern is emergency services provided by hospitals and out-patient departments to indigent children when proof of residency is raised as an admission issue;

(7) that increased attention be given by DHR and other service providers to those cases involving neglect of the child, which were shown to constitute nearly half of the fatalities subsample; and

(8) that a study similar to the one reported on herein be conducted on an annual basis, to better effect a continuous flow of information and an understanding of child abuse and neglect as implicated in the death of a child.

1.0 INTRODUCTION

1.1 Background Statement

Whenever a child dies, it represents a loss to our society. When a child dies due to abuse or neglect, such a loss is magnified because it could possibly have been prevented. In Texas during the years 1975 through 1977, 267 child deaths associated with abuse and neglect were reported to the Texas Department of Human Resources (DHR), Child Protective Services Division. There are, undoubtedly, numerous other children in Texas who died as a result of child abuse or neglect during those years, but were not reported to the Department (e.g., those cases in which the "official" cause of death was determined to be accidental or natural, or completed documentation regarding the case was never forwarded to DHR).

In late 1977, the Director of the Child Protective Services Division of the Texas Department of Human Resources initiated a request for technical assistance to the Region VI Resource Center on Child Abuse and Neglect to conduct an in-depth examination of the circumstances and characteristics of the child deaths related to abuse and neglect in Texas. The overall purpose of this request was to assist the Department in developing alternatives to prevent such occurrences. It was felt that the development of a profile of an allegedly abusive or neglectful parent who would fatally injure a child, or a profile of relevant case characteristics, could be helpful in reducing the number of children who die as a result of abuse and neglect. It was intended that such information would assist child protective services workers in better identifying and handling protective services situations which are most dangerous to children.

This study represents a response to the Department's request for technical assistance in determining the characteristics and circumstances of child deaths related to abuse and neglect in Texas. Statistics are provided for three reporting years (1975-1977) and 267 deaths. The study provides an analysis of those variables which suggest a profile of an individual (alleged perpetrator) involved in a child death related to abuse or neglect, as well as those which suggest a profile of a child (victim) fatally injured under such circumstances. Further attempt is made to identify and analyze those variables which suggest an environmental profile more likely to result in a child death associated with an abuse or neglect situation. Finally, several variables within the various intervention systems involved in child abuse and neglect, which contributed to possible breakdowns in those systems likely to result in a child being fatally injured, are identified and discussed.

Conclusions and recommendations are provided at the end of the report which suggest potential measures to improve or strengthen the state's delivery of child protective services to the population at-risk. These are couched in terms which are conducive to facilitating such an effort and might well serve as guiding principles in the future development of child protective services statewide.

1.2 Literature Review

In addition to examining the circumstances and characteristics of child fatalities related to abuse and neglect in Texas, a review of the literature was conducted in which fifty-four articles were identified and abstracted (see Appendix E). The purpose of this review was to gain a better appreciation and understanding of the work of others in the areas of infanticide and child abuse and neglect, thereby enhancing the overall outcome of this study.

Materials reviewed included case studies, special reports, surveys, and theoretical papers.

The literature reviewed can be divided into two major components: (a) those studies which examined child deaths from a psychological or psychiatric point of view; and (b) those references which related to general (i.e., social or situational) characteristics, such as those most often associated with child abuse and neglect.

The literature on infanticide tends to attribute child deaths to personality disorders among child murderers (e.g., depression, low frustration tolerance, impulsivity, psychosis, low self-esteem). Of the fifty-four articles reviewed, over half (57%) cited one or more psychological characteristics of the perpetrator as a factor in either child abuse and neglect or infanticide (see Table 1). Little exploration of social, cultural, or situational variables which may contribute to child murder was evidenced in the infanticide literature reviewed.

In contrast, the more extensive body of literature pertaining to child abuse and neglect has failed to identify a specific abusive personality. While various authors have identified common disturbances in psychological functioning among child abusers (see, for example, Button & Reivich, 1972; Feshbach, 1973; Fontana, 1971; Green, 1975; Harder, 1967; Kaplan & Reich, 1976; Myers, 1967, 1970; Rodenburg, 1971a, 1971b; Scott, 1973; Steele & Pollock, 1974), reference to the severe kinds of psychosis and malfunctioning typically presented in the studies of infanticide rarely appear among published studies on child abuse and neglect.

Researchers in the more general area of child abuse and neglect tend to postulate that social and situational factors (e.g., poverty, marital stress, and other life crises) play an important role in instances of child abuse and

TABLE 1

Summary of Literature Reviewed

KEY:

+ - mentioned as a factor in either child abuse or neglect or infanticide

0 - mentioned in article by authors who state it is not a factor

? - unclear whether it is a factor or not

ARTICLE	Psychological Characteristics of Perpetrator											Situational Factors							Methods					
	Relates specifically to child death	Alcoholism	Depression	Frustration tolerance	Generational factor	Impulsivity	Isolation	Psychosis	Role reversal	Self-esteem	Unrealistic expectation of child	Characteristics of child	Crisis/stress	Family as a system	Marital conflict	Situation variables	Social class	Societal influence, culture and values	Case studies	Literature review	Psychological tests	Reports	Surveys	Theoretical
Alvy. On Child Abuse...(1975)	No																	+		+				+
Alvy. Preventing Child Abuse... (1975)	No																	+		+				+
Berdie, Bolzerman, & Lourie. Violence Towards Youth...(1977)	No											+	+			+						+		
Blumberg. Psychopathology of the Abusing Parent (1974)	No							0				+						+		+				
Bondouris. Homicide and the Family (1971)	No													+									+	
Button and Reivich. Obsessions of Infanticide (1972)	Yes		+					+					+						+	+				
Davoren. Working with Child Abuse...(1975)	No				+				+															+
Erlanger. Social Class Differences in Parents...(1974)	No																0						+	

TABLE 1 (Continued)

Summary of Literature Reviewed

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	Psychological Characteristics of Perpetrator											Situational Factors							Methods					
ARTICLE	Relates specifically to child death	Alcoholism	Depression	Frustration tolerance	Generational factor	Impulsivity	Isolation	Psychosis	Role reversal	Self-esteem	Unrealistic expectation of child	Characteristics of child	Crisis/stress	Family as a system	Marital conflict	Situation variables	Social class	Societal influence, culture and values	Case studies	Literature review	Psychological tests	Reports	Surveys	Theoretical
Feinstein, Paul, & Esmial. Group Therapy for Mothers...(1964)	Yes				+	+						+							+					
Feshbach. The Effects of Violence in Childhood (1973)	No				+															+				
Flynn. Frontier Justice: A Contribution...(1970)	No				0														+					
Fontana. Which Parents Abuse Children (1971)	No	+		+	+	+		+				+							+				+	+
Gartarino. A Preliminary Study of Some Ecological...(1976)	No												+				+						+	
Gelles. The Social Construction of Child Abuse (1975)	No																	+		+				
Gelles. Violence and Pregnancy (1975)	No												+	+									+	
Gibbens. Violence in the Family (1975)	No	0			+								+				0		+	+				

TABLE 1 (Continued)

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Gil. Violence Against Children (1975)	No											+	+	+	+	+	+						+	
Goldston. Observations on Children Who Have...(1965)	No							?			+	+					?		+					
Goode. Force and Violence in the Family (1971)	No													+						+				
Green. The Child Abuse Syndrome and the Treatment...(1975)	No					+			+	+									+				+	
Green, Gaines, & Sandground. Child Abuse...(1974)	No											+	+										+	
Harder. Psychopathology of Infanticide (1967)	Yes				+														+	+				
Havens. Youth, Violence, and the Nature of Family Life (1972)	Yes				+			0						+				+		+				
Justice and Duncan. Life Crisis as a Precursor...(1976)	No						+		+	+			+		+						+			

TABLE 1 (Continued)

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Kaplun and Reich. The Murdered Child and His Killers (1976)	Yes	+						+							+		+		+					
Kempe, et al. The Battered Child Syndrome (1962)	No				+														+				+	
Langer. Infanticide: A Historical Survey (1974)	Yes																	+		+				
Melnick and Hurley. Distinctive Personality Attributes...(1969)	No									+											+			
Miller and Looney. The Prediction of Adolescent Violence (1974)	No				+														+	+				
Myers. The Child Slayer (1967)	Yes		+					+															+	
Myers. Maternal Filicide (1970)	Yes		+					+											+	+				
Ounsted, Oppenheimer, & Lindsay. Aspects of Bonding Failure...(1974)	No				+			+														+		
Paulson. Child Trauma Intervention (1975)	No				+							+		+	+				+	+				

TABLE 1 (Continued)

Summary of Literature Reviewed

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	Psychological Characteristics of Perpetrator											Situational Factors							Methods					
ARTICLE	Relates specifically to child death	Alcoholism	Depression	Frustration tolerance	Generational factor	Impulsivity	Isolation	Psychosis	Role reversal	Self-esteem	Unrealistic expectation of child	Characteristics of child	Crisis/stress	Family as a system	Marital conflict	Situation variables	Social class	Societal influence, culture and values	Case studies	Literature review	Psychological tests	Reports	Surveys	Theoretical
Paulson. The MMPI: A Descriptive Measure...(1974)	No		+				+	?													+			
Resnick. Child Murder by Parents...(1969)	Yes							+											+	+				
Resnick. Murder of the Newborn...(1970)	Yes																		+	+				
Rodenburg. Child Murder by a Depressed Mother...(1971)	Yes		+					+											+					
Rodenburg. Child Murder by Depressed Parents (1971)	Yes		+									+							+	+				
Roth. A Practice Regimen for Diagnosis...(1975)	Yes			+			+		+	+												+		
Sattin and Miller. The Ecology of Child Abuse...(1971)	No						+										+							
Scratton. Violence in the Family (1976)	No													+							+			

TABLE I (Continued)

Summary of Literature Reviewed

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Sennett. The Brutality of Modern Families (1970)	No													+										+
Silver, Dublin, & Lourie. Does Violence Breed Violence?...(1969)	No				+														+					
Scott. Parents Who Kill Their Children (1973)	Yes							+				+				+			+	+				
Smith and Hanson. Interpersonal Relationships and Child...(1975)	No								0		0				+						+		+	
Smith, et al. Parents of Battered Children...(1975)	No							?									+				+		+	
Smith, et al. EEG and Personality Factors...(1975)	No																				+			+
Sprey. The Family as a System in Conflict (1969)	No													+						+				+
Steele. Violence Within the Family (1976)	No				+																			

TABLE 1 (Continued)

Summary of Literature Reviewed

KEY:

+ - mentioned as a factor in either child abuse or neglect or infanticide

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Steele and Pollock. A Psychiatric Study on Parents...(1974)	Yes	0			+		+	0	+	+	+				0		0				+			
Steinmetz and Straus. The Family as Cradle of Violence (1973)	No							0									0							+
Straus. A General System Theory Approach...(1973)	No													+				+						+
Terr. A Family Study of Child Abuse (1970)	No							+							+				+					
Wright. The 'Sick but Slick' Syndrome...(1975)	No							+													+			

neglect, possibly triggering some of the psychological dynamics cited above (see, for example, Alvy, 1975a, 1975b; Berdie, Boizermon, & Lourie, 1977; Gil, 1970; Goode, 1971; Green, Gaines, & Sandground, 1974; Paulson, 1975; Scratton, 1976; Sennet, 1970; Sprey, 1969).

In general, the body of literature on infanticide and child abuse and neglect is largely inconclusive, since it does not focus specifically on child death by abuse or neglect. For example, Steele and Pollock (1974) maintain that an attack on a child with an intent to kill is a separate phenomenon from abuse. These authors would consider those who commit such acts as a separate population, perhaps like the disturbed individuals mentioned in the infanticide literature.

Some disagreement was observed among researchers in the child abuse and neglect field regarding the key antecedents precipitating the actual act. Kempe, et al. (1962), for example, place child murder by a psychotic parent at the extreme end of the child battery continuum. For these authors, people who kill their children constitute a subpopulation of abusers, possibly part of that small group assumed to be psychotic. Resnick (1969), in his classification scheme of motives for infanticide, posits a category called "accidental filicide," which roughly corresponds to the battered child syndrome in which the child's death is the unintended consequence of an abuse situation. Scott (1973) also posits a category covering elimination of an unwanted child through assault or neglect (i.e., one in which the murderer is stimulated by characteristics of the victim as in the battered child syndrome).

By integrating the above ideas, one can speculate that child death due to abuse or neglect constitutes one form of infanticide, and that people who commit such acts may be somewhat more disturbed than other abusers, but probably less so than the profile presented by the literature on infanticide. Further study is needed to uncover the identification of high-risk groups of child abusers and to suggest treatment intervention strategies for this population. The lack of precise predictors regarding the identification of high-risk individuals, as well as the likely outcomes of their behaviors, requires further documentation in order that child protective services staff will not be held accountable for what they cannot be reasonably expected to know.

The remainder of this report is devoted to a detailed discussion of the circumstances and characteristics of child deaths related to abuse and neglect in Texas during the years 1975 through 1977. The Methodology Section presents a brief description of the Child Abuse and Neglect Reporting and Inquiry System (CANRIS), as well as the derivation of the study sample. Also discussed in this section are the specification and coding of the major variables included in the study, as well as an overview of the data analysis procedures used. The Results and Discussion Section presents in detail the results of the comprehensive analysis of the circumstances and characteristics of child deaths related to abuse and neglect in Texas during 1975-1977. Finally, the Conclusions and Recommendations Section contains a discussion of study conclusions and recommendations derived from the detailed analysis of this study. Five appendices accompany the report and are intended to supplement or augment the text.

2.0 METHODOLOGY

2.1 The CANRIS Data Base and Child Deaths Subsample

Under Section 34.06 of the Texas Family Code, the Texas Department of Human Resources is required to establish and maintain a central registry of reported cases of child abuse or neglect. The Department is also required to provide for cooperation with local child service agencies, including hospitals, clinics, and schools, as well as other states, in exchanging reports to effect a national registration system (i.e., the National Clearinghouse on Child Neglect and Abuse, Children's Division, American Humane Association).

The Department fulfills the mandate of Section 34.06 of the Texas Family Code through the Child Abuse and Neglect Reporting and Inquiry System (CANRIS). CANRIS is a statewide automated data system designed to facilitate the reporting of child abuse and neglect, as well as to collect and store confidential information in a central registry. It provides a linkage to all protective services units for the purpose of reporting or retrieving information regarding instances of child abuse or neglect throughout the state. Through CANRIS, a minimum data set is identified for all persons involved in a reported case of abuse or neglect. Such information can be used by the protective services caseworker in conducting child abuse and neglect investigations.

As noted above, all incidents of abuse and neglect are reported to CANRIS. After a report has been investigated by the Department and entered into CANRIS, the inquiry feature enables authorized Department staff to determine if any individual listed on the current report has been involved in previous incidents of abuse or neglect. The inquiry feature of CANRIS enables a protective services worker to retrieve data on those individuals involved in prior reports, even though the person may have moved one or more times since the prior reports were received.

Statistical reports are compiled from the CANRIS master file and distributed monthly to the various levels of management within the Department. These reports highlight child abuse and neglect reporting by specific regions of the state, types of abuse or neglect reported, profile information regarding the victims and alleged perpetrators, sources of reports by category, and the like. Such reports provide essential information for departmental policymaking, as well as the implementation of preventive programs to combat child abuse and neglect.

The data of the present study represent child deaths reported to the Department's Child Protective Services Division during 1975 through 1977. These data represent only those deaths which were reported to the CANRIS system. Not included are those deaths where the child died and either the appropriate agency failed to submit completed documentation of the fatality to the Department, or the official cause of death was determined to be accidental or natural.

Two primary data collection instruments were used in the present study: (a) Part 1 of the Children's Protective Services Intake and CANRIS Report, Form 2202-A (see Appendix A); and (b) Child Abuse and Neglect Case File Abstract Form (see Appendix B). The latter was used to gather detailed case file and other information about services provided by the Texas Department of Human Resources. Appendix C contains a master listing of the CANRIS variables considered for study, and Appendix D contains a similar listing of case file variables which were included as supplementary information in examining the child deaths.

The study was initiated by obtaining from DHR the CANRIS forms pertaining to all child deaths related to abuse and neglect during the years 1975-1977.

DHR also provided copies of case records for use as supplementary study information. This preliminary data collection effort took approximately eight months to complete.

Figure 1 shows the distribution of the 267 child deaths over the three reporting years. An examination of the CANRIS reports originally yielded 286 child deaths; however, 19 child deaths were eliminated for subsequent study because the child was determined to be still living (i.e., the CANRIS form was improperly coded) or because the family's legal residence was in another state, even though the death occurred in Texas. Case records were used to determine the proper disposition of each child death, and exclusion of the 19 questionable reports from the study was made after consultation with DHR staff from the Child Protective Services Division.

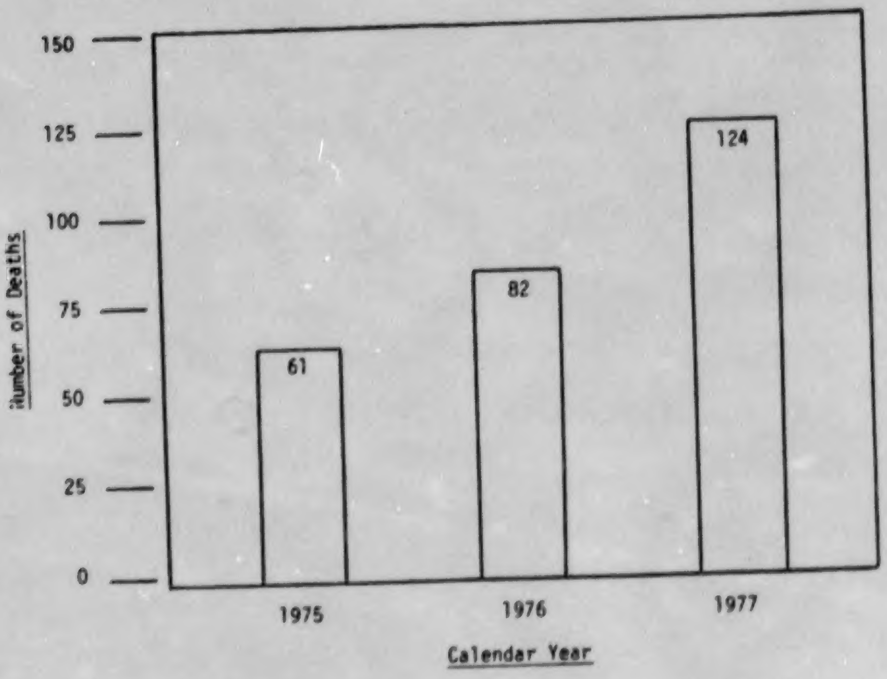


Figure 1: Distribution of child deaths by year reported to DHR

2.2 Variable Specification and Coding

Four major sources of information were sought in conducting the child fatalities study:

(a) those variables which would suggest a profile of an individual (alleged perpetrator) who fatally injures a child by abuse or neglect;

(b) those variables which would suggest a profile of a child (victim) fatally injured by abuse or neglect;

(c) those variables which would suggest an environmental profile of a situation more likely to result in a child being fatally injured by abuse or neglect; and

(d) those variables within the various intervention systems involved in child abuse and neglect which contributed to possible breakdowns in those systems likely to result in a child being fatally injured by abuse or neglect.

Specially prepared case reviewers, all of whom had advanced social work training and child welfare experience, were used to abstract the case files. Use of such workers avoided problems arising from unfamiliarity with the content being reviewed, thereby lending to the overall accuracy and credibility of the data generated.

Both CANRIS data (see Appendices A and C) and case file information (see Appendices B and D) were used to support the identification of variables in (a)-(c) above. Information required to support (d) was primarily abstracted from the case files. A total of forty-nine discrete CANRIS variables and ninety-five case file variables were considered in the present study (see Appendices C and D).

It is important to point out that the conclusions and recommendations of this study are only as valid and reliable as the data upon which they are based. With regard to the CANRIS variables, differences were found in the way child protective services workers completed the CANRIS report form. Several instances of questionable coding of variables were encountered across the various reporting counties. There was also a high degree of incomplete data among the CANRIS reports which made it difficult to determine whether the classification in question was simply not valid, or the appropriate information was not available and, therefore, left uncoded.

Similar problems were encountered in abstracting the case file information. Because each case file contained narrative information and did not follow a consistent format, but rather highlighted significant aspects of that particular case, it was difficult in some cases, and impossible in others, to develop comprehensive profiles of the child abuse and neglect deaths victims, as well as the alleged perpetrators. In many instances, when the child's death was the first report to DHR, the child protective services staff investigated the case only to determine whether other children were in the home and, if so, whether further intervention from DHR was warranted. In these instances, the child's death was primarily investigated by law enforcement because it is not the role of DHR staff to conduct criminal investigations. In these instances, the case record usually provided little information relating to the child death, nor did it usually include the investigative report from law enforcement.

Considerable time and effort were expended to rectify as many discrepancies or inconsistencies as possible prior to the actual analyses of data, while at the same time maintaining the original thrust or intent of the data which were coded. This additional effort was seen as justifiable in the context of producing a report which could not only withstand careful and detailed scrutiny by those for whom it was intended, but also provide meaningful and generalizable results.

2.3 Overview of Data Analysis Procedures

The overall thrust of this report is descriptive in nature. As such, heavy emphasis has been placed on the use of standard descriptive measures (e.g., frequency distributions, cross-tabulations of variable pairs, and the like), rather than higher-order, inferential statistics. Liberal use of tables, charts, and graphs is made throughout the report to lend clarity to the various results obtained. The primary focus of the report is upon displaying results in an orderly, logical fashion, with special emphasis upon those trends or relationships which seem to warrant either further study and analysis or immediate scrutiny regarding the strengthening of the child protective services system in Texas.

3.0 RESULTS AND DISCUSSION

3.1 Child Abuse and Neglect Reporting to DHR

As noted above, the total number of child deaths in this study was 267. Of these, 61 (22.8%) occurred in 1975, 82 (30.7%) in 1976, and 124 (46.4%) in 1977 (see Figure 1). Figure 2 reveals that a little more than half of the incidents of child abuse or neglect which were implicated in child deaths were reported to DHR on the same day that the incident occurred. Within two weeks, some 95% of the incidents had been reported to DHR. Six incidents took more than six weeks before DHR received a report. Two of these took four months or longer before receipt of a report. Thus, it can be seen that most of the

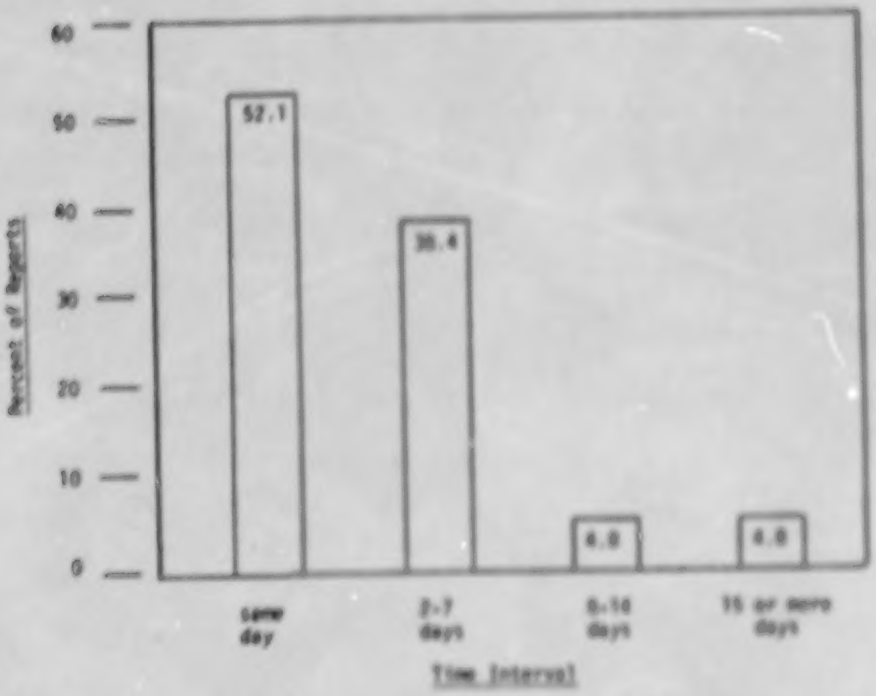
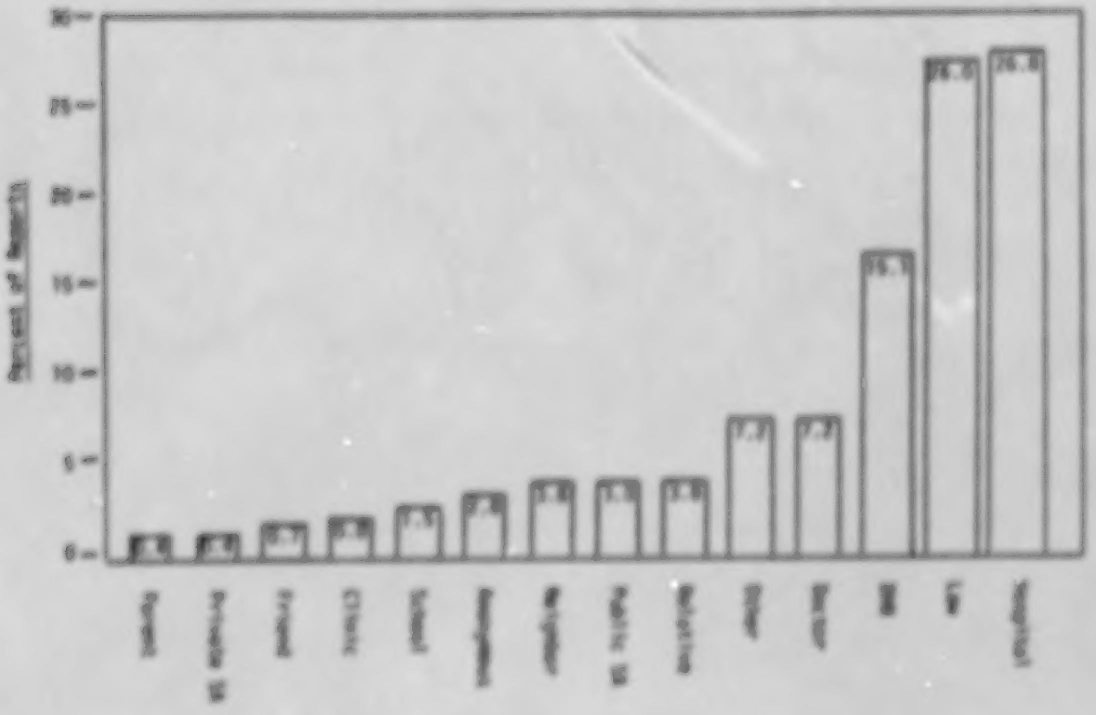


Figure 2: Time between occurrence of abuse or neglect incident implicated in child death and date reported to DHR

reports of child abuse and neglect were made to DHR relatively soon after the incident occurred. The incidents that had a lapse of more than two weeks between time of occurrence and time of report generally represented unusual situations. In several instances, DHR became aware of an abuse or neglect situation implicated in a child death through follow-up of police reports.

Hospitals, law enforcement officials, and the Department of Human Resources staff constituted the highest sources of child death reports (26.8%, 26.0%, and 15.1%, respectively), followed by doctors (7.2%), neighbors (3.8%), relatives (3.8%), schools (1.5%), clinics (0.8%), and parents (0.4%). Of the remaining 15%, less than 4% of the reports were from public service agencies and less than 1% were from friends and private service agencies. Approximately 7% of the sources of reports were classified as "other," while nearly 3% were classified as "anonymous" (see Figure 3). These results are in contradiction to those obtained for the 1975-1977 CANRIS population (N=115,230), in which neighbors, schools, relatives, and law enforcement officials constituted the highest source of child abuse and neglect reports (16.8%, 14.4%, 13.6%, and 12.0%, respectively), followed by Department of Human Resources staff (9.9%), friends (5.1%), anonymous (4.8%), parents (4.7%), and hospitals (3.6%). Of the remaining 16%, less than 3% of the reports were from doctors, clinics, public service agencies, child care facilities, and victims themselves, while less than 1% of the reports were from child health screening clinics and private service agencies. Some 7% of the reports were classified as "other."



Source of Report

Figure 3: Source of child abuse and neglect report implicated in child death

3.2 Type and Disposition of Reports Received

Referring to the CANRIS reports, abuse was found to be associated in 39% of the child deaths (N=104), and neglect was associated in 40% (N=107) of the deaths. Both abuse and neglect (combined) were associated in 21% (N=56) of the deaths (see Figure 4). These results are somewhat different from those obtained for the 1975-1977 CANRIS population (N=66,719 victims), in which abuse was associated with 31.0% of the victims, neglect was associated with 58.4% of the victims, and abuse and neglect (combined) were associated with 9.9% of the victims.

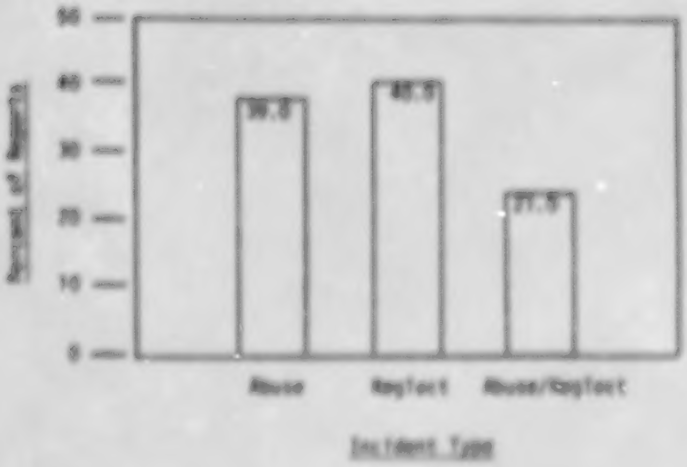


Figure 6: Type of child abuse and neglect incident implicated in death of child

Of the CANRIS reports recording the 267 child deaths, 207 or 77.5% were subsequently validated, indicating that abuse or neglect had been substantiated. A disposition of "uncertain" was determined for 47 (17.6%) of the reports, indicating that abuse or neglect was not substantiated, but that there was enough evidence from the investigation to suggest that it could have occurred. For 13 (4.9%) of the reports, a potential for abuse or neglect was identified, indicating that conditions in the household were such that they presented a serious threat to the child's physical or emotional well-being, as well as an indication of the need for continued social services.

3.3 Case Involvement with DHR and Other Agencies

Examination of the case file data indicated that the families of 132 (49.4%) of the victims became involved with DHR for the first time upon receipt of the report of abuse or neglect implicated in the death of the child.

Thus, first contact by DHR with these families was through notification by police or hospital personnel of a questionable death of the child. The families of 104 or 38.9% of the victims had experienced some contact with DHR prior to the report implicated in the death of the child. It was difficult to tell from a reading of the case records whether or not the families of the remaining 31 (11.7%) of the victims had received DHR services previously.

The families of 100 (37.4%) of the victims were observed to be receiving some DHR services at the time of or during the year preceding the abuse or neglect incident implicated in the death of the child. Of these 100 families, the case records revealed that 64 or 64% were receiving child protective services at the time of or during the year preceding the child's death. Thus, for the total child deaths subsample, 23.9%, or approximately one-quarter, had experienced DHR child protective services involvement prior to the death of the child.

Table 2 displays the distribution of families which, according to the case file information, were involved with community agencies other than DHR at the time of or during the year preceding the child's death. The data of Table 2 include families of victims who became involved with DHR for the first time when the case was opened upon death of the child. The Table reveals that the three greatest sources of non-DHR family involvement were health-related agencies (*N*=137), the police (*N*=121), and the courts (*N*=62). Lesser involvement of families with non-DHR agencies was observed for employment services (*N*=23), MH/MR services (*N*=18), family counseling and school-related services (*N*=14, each), education services (*N*=12), and housing services (*N*=5). The total number of families involved with non-DHR services (computed across all of the service categories) sums to 406, indicating that many families were involved with more than one non-DHR service at the time of or during the year preceding the child's death. Whether or not a family had received the same service more than once was not readily apparent from a review of the case records.

TABLE 2

Family Involvement With Non-DHR Agencies at the Time of or During the Year Preceding the Child Death

Type of Agency	Number of Families	Percent of Total Family Involvement
Health-related	137	33.7%
Police	121	29.8%
Courts	62	15.3%
Employment	23	5.7%
MH/MR	18	4.4%
Family Counseling	14	3.4%
School-related	14	3.4%
Education	12	2.9%
Housing	5	1.2%
TOTALS	406	99.8%

3.4 Case Involvement with Criminal Justice System

Case file information related to criminal charges and subsequent convictions of alleged perpetrators is necessarily limited to that available at the time the case was being investigated by the child protective services worker. Because DHR involvement ceases at the time of death of the child (assuming there are no other children determined to be at risk in the home), follow-up information was not contained on a routine basis in the case files reviewed and, therefore, the outcome data presented are essentially incomplete.

While 77.4% of the 267 deaths were validated by the caseworker as to the original findings of child abuse or neglect implicated in the child death, the incomplete outcome data indicate that criminal charges were filed by the District Attorney's office or other authorities in 28% of the deaths. Where criminal charges were filed, 69% involved abuse cases, 8% involved neglect cases, and 23% involved abuse and neglect (combined) cases (see Figure 5).

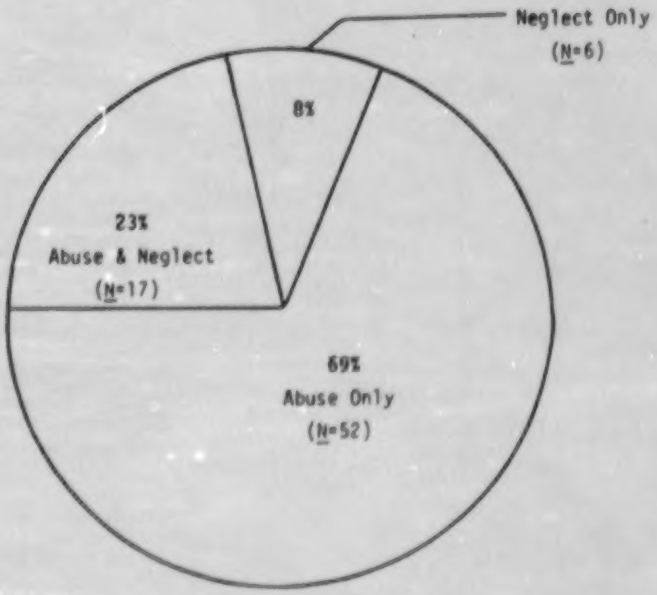


Figure 5: Distribution of incidents of child abuse and neglect for which criminal charges were filed (N=75)

Of the total number of abuse cases (N=104), the incomplete outcome data indicate that charges were filed in 49% of those cases. Where neglect was implicated in the death, the incomplete outcome data indicate that charges were filed in 6% of the cases. Where abuse and neglect (combined) was implicated in the death, the incomplete outcome data indicate that charges were filed in 30% of the cases (see Figure 6). Despite the fact that charges were filed in 49% of the situations in which abuse was implicated in the child's death, from the information available, the alleged perpetrator was convicted in 6.7% of the deaths. No convictions were obtained where neglect was implicated in the death of the child, and in 7% of the deaths associated with abuse and neglect (combined) were convictions obtained.

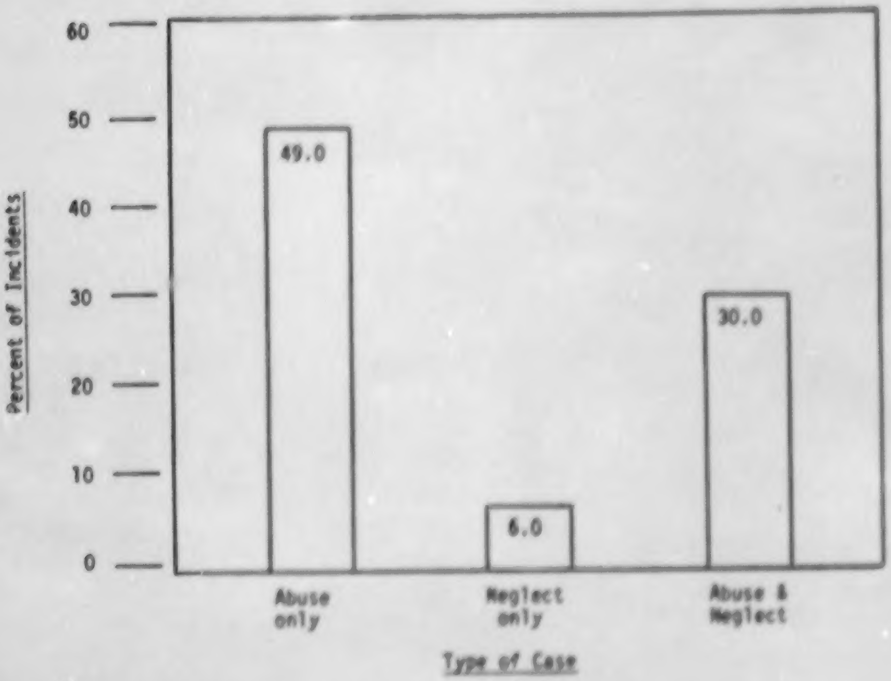


Figure 6: Percent of incidents of child abuse and neglect in which charges were filed by type of incident

3.5 Victim Characteristics

The median age of the child death victims was 1.8 years (see Figure 7), as compared to 10.1 years for the 1975-1977 CANRIS population. Clearly, victims of child abuse and neglect implicated in the death of the child are substantially younger than their non-death counterparts in the general CANRIS population.

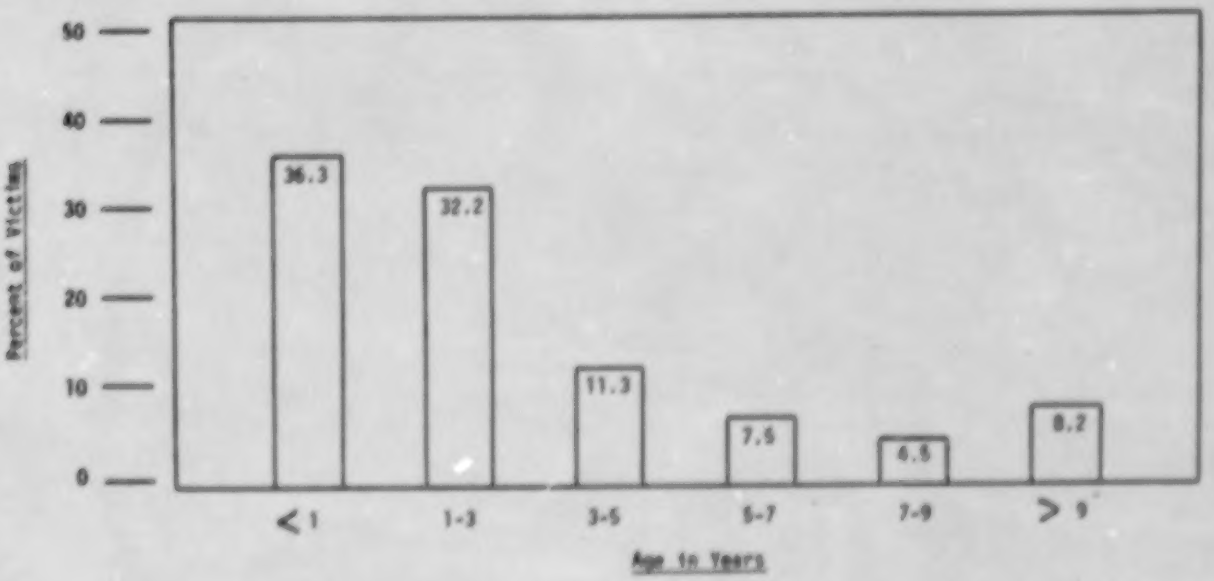


Figure 7: Distribution of victims by age at time of abuse or neglect incident implicated in death

For the child deaths subsample, 55.1% of the victims were male and 44.9% were female. Similar statistics were observed for the 1975-1977 CANRIS population (50.6% and 49.4%, respectively). Approximately 46% of the child death victims in which abuse alone was implicated in the child's death were male, while nearly 54% were female. These figures are virtually identical to those observed for the 1975-1977 CANRIS population (45.8% and 54.2%, respectively). The pattern was reversed for the victim in which neglect alone was implicated in the death of the child. That is, 64.7% were male and 35.2% were female. A similar, but not so dramatic reversal was observed for the 1975-1977 CANRIS population (52.1% and 47.9%, respectively). For those deaths in which abuse and neglect (combined) was implicated in the death of the child, 52.6% were male and 47.3% were female. Similar results were observed for the 1975-1977 CANRIS population (50.6% and 49.4%, respectively). Thus, male deaths were more likely to be implicated in cases of neglect or abuse and neglect (combined), whereas female deaths were more likely to be implicated in instances of abuse only. The immediately preceding results are summarized in Figure 8.

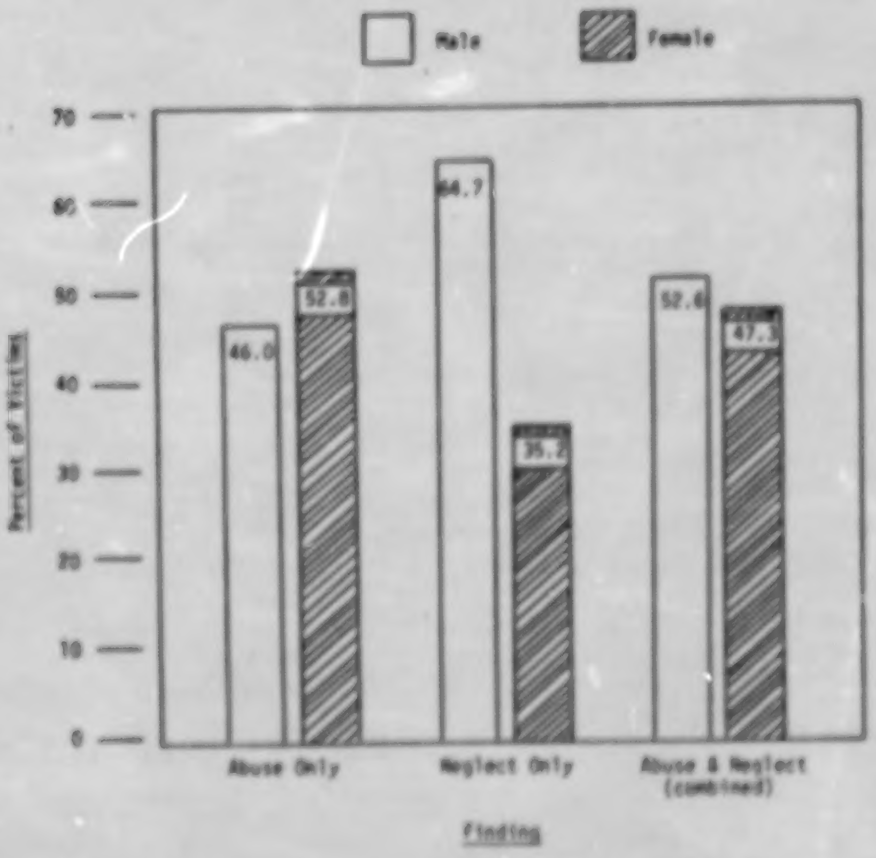


Figure 8: Distribution of victims by sex and case finding

The data show that 45.1% of the victims were Anglo, 29.5% were Black, and 23.9% were Mexican-American. Less than 1% were Oriental and about 1% were classified as "other" (see Figure 9). For the 1975-1977 CANRIS population, 51.5% of the victims were Anglo, 18.1% were Black, and 27.9% were Mexican-American. Less than 1% were classified as Oriental or "other." A common observation in the protective services field is that Mexican-Americans as a group tend to be involved in medical neglect of their children more so than do other ethnic groups. This observation was tested for the data of this study by performing a cross-tabulation of type of neglect by ethnicity of victim. Confirmation was obtained. Mexican-Americans were involved in medical neglect of their children in 46.5% of the cases in which medical neglect was reported, as compared to 18.5% and 21.1% for Anglos and Blacks, respectively. There were no other discernible differences when ethnicity and type of abuse or neglect were tested for correlation.

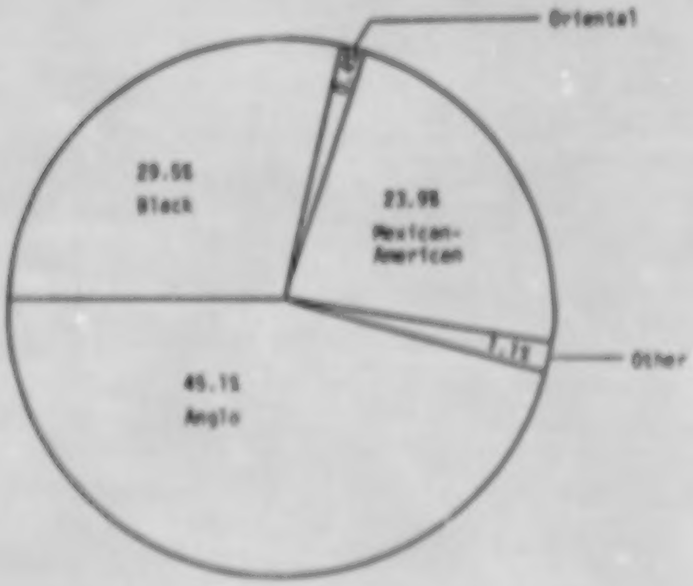


Figure 9: Distribution of deaths by ethnicity of victim

Figure 10 depicts the distribution of the Texas under-18 population for the three major ethnic groups of this study, the Texas CANRIS population, and the total validated cases of child abuse and neglect implicated in child deaths (1975-1977). For either the Texas or CANRIS comparison groups, Anglos are underrepresented in the child deaths sample and Blacks are overrepresented. There is relatively little discrepancy between comparable statistics for the Mexican-American group.

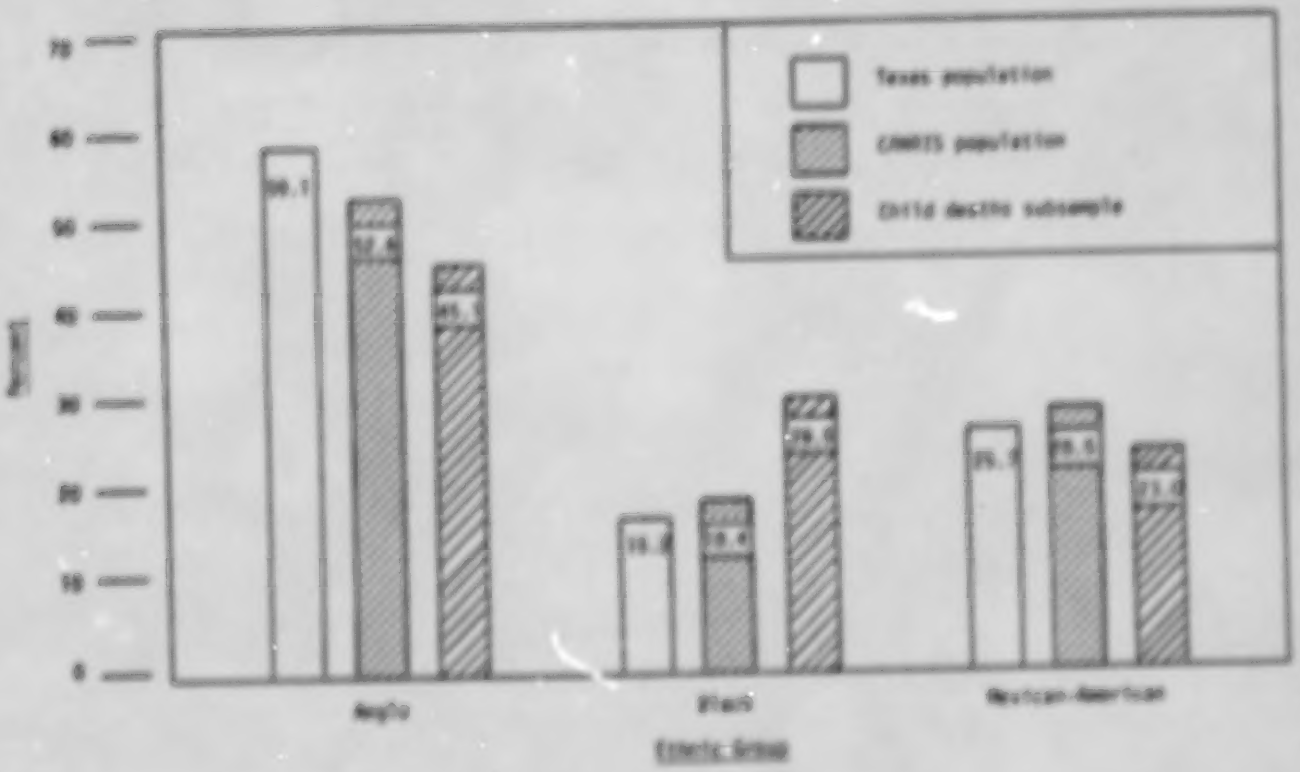


Figure 10: Distribution of under-18 population for three ethnic groups

Table 3 contains annual rates (per 1,000 under-18 population) of _reported_ incidents of child abuse and neglect implicated in child deaths by ethnicity of victim and DHR region in which the child death occurred (1975-1977). _Table 3A_ contains similar statistics for the 1975-1977 CANRIS population. The annual rates were computed in each instance using the formula:

$$\text{Annual Reporting Rate} = \frac{\dfrac{\text{Total \# of Reported Incidents for 1975-1977}}{3}}{\text{Under-18 Population in Ethnic Group}} \times 1{,}000$$

Both Tables reveal considerable reporting variation across the various DHR regions. Of particular note in _Table 3_ is the finding that the reporting rate for Blacks (statewide total) is approximately twice (or greater than) that for Anglos or Mexican-Americans across the three reporting categories. For the child deaths subsample, those DHR regions with the highest reporting rates included #2 and #7, followed by #1, #4, #6, and #10. The region with the lowest reporting rate was #9. For the 1975-1977 CANRIS population, those DHR regions with the highest reporting rates included #7 and #10, followed by #1, #4, and #6. The region with the lowest reporting rate was #3. As can be seen from the preceding discussion, while considerable variation in reporting of child abuse and neglect was observed across the various DHR regions for both the 1975-1977 CANRIS population and child deaths subsample, several similarities existed between the two comparison groups with regard to the pattern of rates observed.

Table 4 contains annual rates (per 1,000 under-18 population) of _validated_ incidents of child abuse and neglect implicated in child deaths by ethnicity of victim and DHR region in which the death occurred. _Table 4A_ contains similar statistics for the Texas CANRIS population. The rates are for the

TABLE 3

Annual Rates (Per 1,000 Under-18 Population) of Reported Incidents of Child Abuse and Neglect Implicated in Child Deaths by Incident Type, Ethnicity, and DHR Reporting Region (1975-1977)

	ANGLOS		BLACKS		MEXICAN-AMERICANS		TOTAL	
Area and Incident Type	Reported Incidents	Annual Rate	Reported Incidents	Annual Rate	Reported Incidents	Annual Rate	Reported Incidents	Annual Rate
Region 1:								
All Abuse and Neglect	8	2.88	1	0.35	1	2.01	10	2.90
Abuse	2	0.72	1	0.35	1	2.01	4	1.16
Neglect	4	1.44	0	0.00	0	0.00	4	1.16
Abuse/Neglect	2	0.72	0	0.00	0	0.00	2	0.58
Region 2:								
All Abuse and Neglect	8	1.65	6	17.36	6	5.48	19	5.40
Abuse	8	1.65	2	5.68	4	3.65	13	3.69
Neglect	0	0.00	0	0.00	2	1.83	2	0.57
Abuse/Neglect	0	0.00	2	0.68	0	0.00	2	0.57
Region 3:								
All Abuse and Neglect	0	0.00	1	2.71	3	1.64	4	1.30
Abuse	0	0.00	1	2.71	1	0.55	2	0.65
Neglect	0	0.00	0	0.00	2	1.09	2	0.65
Abuse/Neglect	0	0.00	0	0.00	0	0.00	0	0.00
Region 4:								
All Abuse and Neglect	11	2.51	2	1.58	3	3.33	16	2.60
Abuse	8	1.83	0	0.00	1	1.11	9	1.25
Neglect	2	0.46	2	1.58	2	2.22	6	1.07
Abuse/Neglect	1	0.23	0	0.00	0	0.00	1	0.43
Region 5:								
All Abuse and Neglect	33	1.65	20	6.25	6	2.73	63	2.20
Abuse	12	0.58	6	1.75	2	0.91	25	1.00
Neglect	16	0.76	6	1.87	2	0.91	22	0.90
Abuse/Neglect	5	0.24	7	1.53	2	0.91	16	0.61
Region 6:								
All Abuse and Neglect	16	2.68	6	2.90	5	3.17	25	2.08
Abuse	5	0.86	2	1.15	4	2.54	11	1.10
Neglect	10	1.67	0	0.00	1	0.63	11	1.10
Abuse/Neglect	1	0.17	4	1.76	0	0.00	3	0.32

TABLE 2 (Continued)

	ANGLOS		BLACKS		MEXICAN-AMERICANS		TOTAL	
Area and Incident Type	Reported Incidents	Annual Rate	Reported Incidents	Annual Rate	Reported Incidents	Annual Rate	Reported Incidents	Annual Rate
Region 7:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 8:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 9:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 10:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 11:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 12:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TOTAL (State)								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

NOTE: [illegible]

[illegible]

[illegible]

Area and Incident Type	[illegible] Reported Incidents	 Annual Rate	[illegible] Reported Incidents	 Annual Rate	[illegible] Reported Incidents	 Annual Rate	[illegible] Reported Incidents	 Annual Rate
Region 1:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 2:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 3:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 4:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 5:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 6:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]	[illegible]		[illegible]		[illegible]		[illegible]	
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]								
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TABLE [illegible]

Annual Rates (Per 1,000 Under-18 Population) of Validated Incidents of Child Abuse and Neglect
[illegible] by Incident Type, Ethnicity, and [illegible] Reporting Region ([illegible])

	ANGLO		BLACK		MEXICAN AMERICAN		TOTAL	
Region and Incident Type	Validated Incidents	Annual Rate	Validated Incidents	Annual Rate	Validated Incidents	Annual Rate	Validated Incidents	Annual Rate
Region 1:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 2:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 3:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 4:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 5:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Region 6:								
All Abuse and Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Abuse/Neglect	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TABLE 4 (Continued)

Area and Incident Type	ANGLOS Validated Incidents	ANGLOS Annual Rate	BLACKS Validated Incidents	BLACKS Annual Rate	MEXICAN-AMERICANS Validated Incidents	MEXICAN-AMERICANS Annual Rate	TOTAL Validated Incidents	TOTAL Annual Rate
Region 7:								
All Abuse and Neglect	5	1.17	8	4.72	0	0.00	13	2.13
Abuse	2	0.47	2	1.18	0	0.00	4	0.65
Neglect	3	0.70	6	3.54	0	0.00	9	1.48
Abuse/Neglect	0	0.00	0	0.00	0	0.00	0	0.00
Region 8:								
All Abuse and Neglect	2	0.60	1	2.87	17	2.04	20	1.64
Abuse	0	0.00	0	0.00	6	0.72	6	0.49
Neglect	1	0.30	1	2.87	7	0.84	9	0.74
Abuse/Neglect	1	0.30	0	0.00	4	0.48	5	0.41
Region 9:								
All Abuse and Neglect	3	0.65	1	1.38	5	0.72	9	0.72
Abuse	1	0.22	1	1.38	1	0.14	3	0.24
Neglect	0	0.00	0	0.00	2	0.29	2	0.16
Abuse/Neglect	2	0.43	0	0.00	2	0.29	4	0.32
Region 10:								
All Abuse and Neglect	9	2.20	4	2.48	0	0.00	13	2.18
Abuse	4	0.98	1	0.62	0	0.00	5	0.84
Neglect	4	0.98	3	1.86	0	0.00	7	1.18
Abuse/Neglect	1	0.24	0	0.00	0	0.00	1	0.16
Region 11:								
All Abuse and Neglect	13	0.80	14	2.49	7	1.99	34	1.33
Abuse	6	0.37	9	1.60	4	1.14	19	0.75
Neglect	6	0.37	1	0.18	2	0.57	9	0.35
Abuse/Neglect	1	0.06	4	0.71	1	0.28	6	0.23
Region 12:								
All Abuse and Neglect	3	1.26	2	9.04	0	0.00	5	1.42
Abuse	3	1.26	0	0.00	0	0.00	3	0.85
Neglect	0	0.00	2	9.04	0	0.00	2	0.57
Abuse/Neglect	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL (State)								
All Abuse and Neglect	93	1.27	59	3.37	49	1.66	201	1.68
Abuse	41	0.56	24	1.37	23	0.78	88	0.74
Neglect	38	0.52	21	1.20	18	0.61	77	0.64
Abuse/Neglect	14	0.19	14	0.80	8	0.27	36	0.30

NOTE: Data represent validated incidents only.

TABLE 4A

Annual Rates (Per 1,000 Under-18 Population) of Validated Incidents of Child Abuse and Neglect by Incident Type and Ethnicity: CANRIS 1975-1977 Population

Area and Incident Type	ANGLOS		BLACKS		MEXICAN-AMERICANS		TOTAL	
	Validated Incidents	Annual Rate	Validated Incidents	Annual Rate	Validated Incidents	Annual Rate	Validated Incidents	Annual Rate
Region 1:								
All Abuse and Neglect	2263	7.97	309	19.36	613	11.64	3185	9.10
Abuse	474	1.67	27	1.69	87	1.75	588	1.68
Neglect	1596	5.62	244	15.29	473	7.83	2313	6.61
Abuse/Neglect	193	0.68	38	2.38	53	0.98	284	0.81
Region 2:								
All Abuse and Neglect	890	4.11	320	13.88	959	8.76	2169	6.21
Abuse	251	1.16	61	2.65	134	1.22	446	1.28
Neglect	557	2.57	228	9.89	752	6.87	1537	4.40
Abuse/Neglect	82	0.38	31	1.34	73	0.67	186	0.53
Region 3:								
All Abuse and Neglect	714	5.07	96	7.46	1160	3.82	1970	4.31
Abuse	201	1.43	28	2.18	231	0.76	460	1.01
Neglect	464	3.29	56	4.35	853	2.81	1373	3.00
Abuse/Neglect	[illegible]	0.35	12	0.93	76	0.25	137	0.30
Region 4:								
All Abuse and Neglect	2809	6.48	403	11.25	918	10.21	4130	7.38
Abuse	576	1.33	64	1.79	117	1.30	757	1.35
Neglect	1881	4.34	295	8.23	730	8.12	2906	5.19
Abuse/Neglect	352	0.81	44	1.23	71	0.79	467	0.83
Region 5:								
All Abuse and Neglect	7734	3.75	2658	5.81	1293	5.87	11,685	4.78
Abuse	2283	1.11	681	1.49	260	1.18	3224	1.18
Neglect	4461	2.16	1688	3.69	910	4.13	7059	2.58
Abuse/Neglect	990	0.48	289	0.63	123	0.56	1402	0.51
Region 6:								
All Abuse and Neglect	4159	6.96	1801	10.39	1471	9.34	7431	8.00
Abuse	1129	1.89	296	1.71	255	1.62	1680	1.81
Neglect	2538	4.25	1342	7.74	1112	7.06	4992	5.38
Abuse/Neglect	492	0.82	163	0.94	104	0.66	759	0.82

TABLE 4A (Continued)

Area and Incident Type	ANGLOS Validated Incidents	ANGLOS Annual Rate	BLACKS Validated Incidents	BLACKS Annual Rate	MEXICAN-AMERICANS Validated Incidents	MEXICAN-AMERICANS Annual Rate	TOTAL Validated Incidents	TOTAL Annual Rate
Region 7:								
All Abuse and Neglect	3488	8.13	1530	9.03	84	9.32	5102	8.39
Abuse	664	1.55	203	1.20	15	1.67	882	1.45
Neglect	2301	5.36	1194	7.05	65	7.21	3560	5.86
Abuse/Neglect	523	1.22	133	0.78	4	0.44	660	1.09
Region 8:								
All Abuse and Neglect	1778	5.27	293	8.40	5990	7.17	6461	5.35
Abuse	472	1.40	44	1.26	935	1.12	609	0.50
Neglect	1070	3.17	229	6.57	4536	5.43	5835	4.83
Abuse/Neglect	236	0.70	20	0.57	519	0.62	775	0.64
Region 9:								
All Abuse and Neglect	2479	5.38	643	8.87	5645	8.09	8767	7.12
Abuse	724	1.57	150	2.07	937	1.34	1811	1.47
Neglect	1380	3.00	397	5.48	4018	5.76	5795	4.71
Abuse/Neglect	375	0.81	96	1.32	690	0.99	1161	0.94
Region 10:								
All Abuse and Neglect	4330	10.61	2061	12.79	207	10.14	6598	11.19
Abuse	795	1.95	326	2.02	41	2.01	1162	1.97
Neglect	2878	7.05	1504	9.34	139	6.81	4521	7.66
Abuse/Neglect	657	1.61	231	1.43	27	1.32	915	1.55
Region 11:								
All Abuse and Neglect	6770	4.22	3438	6.09	2302	6.54	12,510	4.96
Abuse	1764	1.10	851	1.51	372	1.06	2987	1.18
Neglect	4284	2.67	2257	4.00	1725	4.90	8266	3.27
Abuse/Neglect	722	0.45	330	0.58	205	0.58	1257	0.50
Region 12:								
All Abuse and Neglect	1411	5.92	139	6.28	594	6.65	2144	6.14
Abuse	294	1.23	28	1.26	70	0.79	392	1.12
Neglect	994	4.17	106	4.79	456	5.14	1556	4.46
Abuse/Neglect	123	0.52	5	0.23	64	0.72	192	0.55
TOTAL (State)								
All Abuse and Neglect	38,825	5.38	13,691	7.86	21,236	7.24	73,752	6.20
Abuse	9627	1.33	2759	1.58	3454	1.18	15,840	1.33
Neglect	24,404	3.38	9540	5.47	15,769	5.38	49,713	4.18
Abuse/Neglect	4794	0.66	1392	0.80	2313	0.69	8199	0.69

1975-1977 reporting period, and were computed in the case of each ethnic group using the above formula and substituting the total number of validated incidents for the three-year period in the numerator of the equation. Both Tables once again reveal considerable variation in the validation of child abuse and neglect incidents implicated in child death across the various DHR regions.

For the child deaths subsample, the validation rate for Blacks is greatest, followed by Mexican-Americans and Anglos. A similar pattern was observed for the 1975-1977 CANRIS population. The DHR region with the highest validation rate in the child deaths subsample was #2, followed by #1, #6, #7, and #10. The region with the lowest validation rate was #9. For the 1975-1977 CANRIS population, the DHR region with the highest validation rate was #10, followed by #1, #6, and #7. The region with the lowest validation rate was #3.

The similarities between the two comparison groups were not as pronounced, based on validation rates per 1,000 at-risk population, as they were for reporting rates generated for this same population. The variation observed in Table 5 is further highlighted in Figure 11, which overlays the annual rates presented in the Table on a state map of Texas.

Table 5 contains ratios (per 1,000 under-18 population) of validated incidents of child abuse and neglect implicated in child deaths to validated incidents of abuse and neglect not implicated in child deaths, by ethnicity of victim and DHR region in which the death occurred (1975-1977). These ratios provide a reasonable projection of the number of child deaths to be expected per DHR region for every 1,000 cases of child abuse and neglect which are validated as such in that region. Notable in the Table are the high ratios for abuse and neglect (combined) observed for Blacks in DHR regions #2, #6, and #11; for Anglos in DHR regions #1, #4, and #9; and for Mexican-Americans in DHR regions #5, #8, and #11. High ratios were observed in abuse incidents

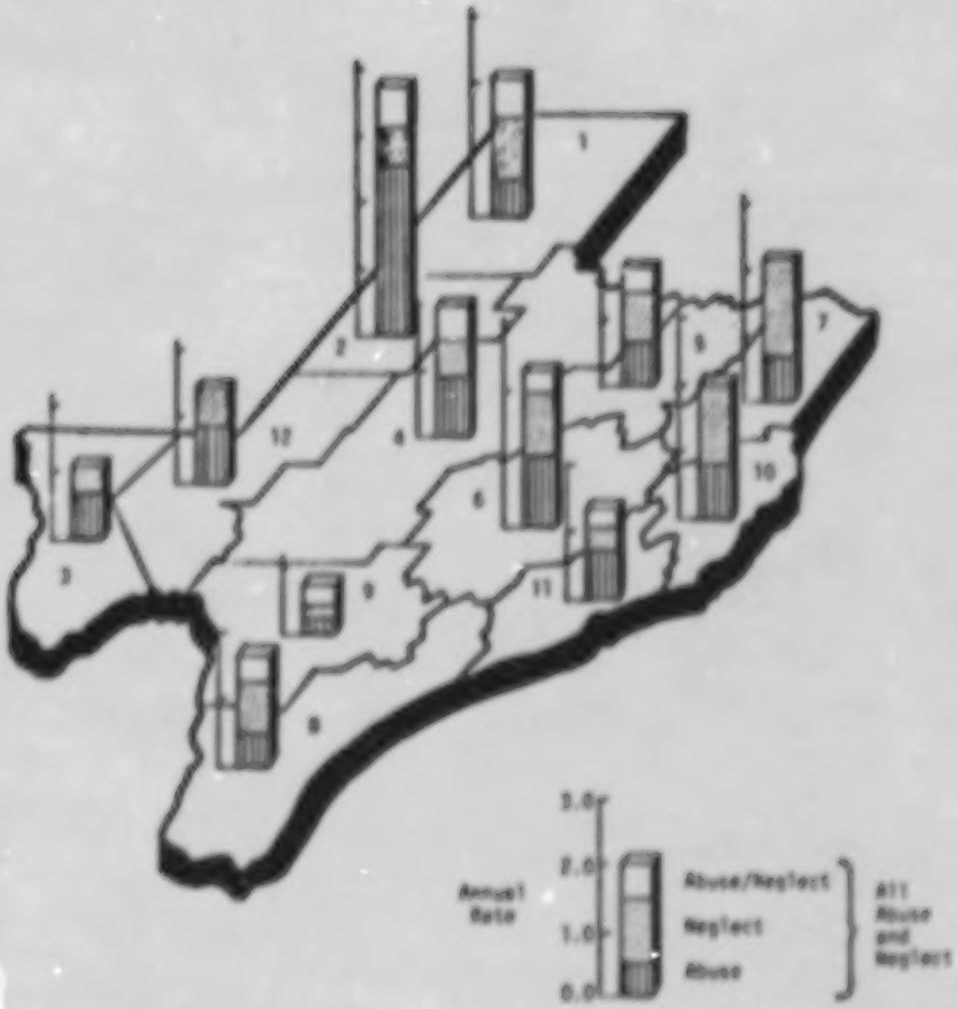

1
2
3
4
5
6
7
8
9
10
11
12
3.0
2.0
1.0
0.0
Annual Rate
Abuse/Neglect
Neglect
Abuse
All Abuse and Neglect

Figure 11: Annual rates (per 1,000 under-18 population) of all validated incidents of child abuse and neglect implicated in death of the child by DHR reporting region and incident type (1975-1977)

for Anglos in DHR regions #2, #4, and #12; for Blacks in DHR regions #2, #3, #5, #7, and #11; and for Mexican-Americans in DHR regions #1, #2, #3, #4, #5, #6, and #11. High ratios were observed in neglect incidents for Blacks in DHR regions #7, #8, and #12.

TABLE 5

Ratios (Per 1,000 Under-18 Population) of Validated Incidents of Child Abuse and Neglect Implicated in Child Deaths to Validated Incidents of Child Abuse and Neglect Not Implicated in Child Deaths, by Incident Type, Ethnicity of Victim, and DHR Reporting Region in Which the Death Occurred (1975-1977)

Area and Incident Type	Ratio Per 1,000 ANGLOS	 BLACKS	 MEXICAN-AMERICANS	 TOTAL
Region 1:				
All Abuse and Neglect	5.09	0.00	6.10	6.52
Abuse	7.98	0.00	17.54	6.05
Neglect	4.08	0.00	0.00	3.02
Abuse/Neglect	19.05	0.00	0.00	14.08
Region 2:				
All Abuse and Neglect	7.41	20.84	9.37	11.02
Abuse	19.80	65.00	27.78	25.00
Neglect	0.00	0.00	7.09	3.17
Abuse/Neglect	0.00	125.00	0.00	22.22
Region 3:				
All Abuse and Neglect	0.00	10.10	7.56	6.99
Abuse	0.00	63.65	12.50	9.09
Neglect	0.00	0.00	5.87	3.29
Abuse/Neglect	0.00	0.00	0.00	0.00
Region 4:				
All Abuse and Neglect	5.52	6.08	5.03	5.37
Abuse	10.15	0.00	12.20	9.47
Neglect	1.13	7.69	3.66	2.30
Abuse/Neglect	10.10	0.00	0.00	10.08
Region 5:				
All Abuse and Neglect	5.77	12.99	7.07	7.63
Abuse	6.65	11.68	10.61	7.93
Neglect	5.06	8.54	1.19	5.92
Abuse/Neglect	0.62	63.69	17.54	15.43
Region 6:				
All Abuse and Neglect	6.50	4.67	4.51	5.73
Abuse	6.05	6.75	16.39	6.06
Neglect	7.22	0.00	0.00	4.02
Abuse/Neglect	6.25	25.32	0.00	8.31
Region 7:				
All Abuse and Neglect	2.86	11.89	0.00	5.62
Abuse	6.61	14.30	0.00	6.69
Neglect	2.98	12.45	0.00	5.90
Abuse/Neglect	0.00	0.00	0.00	0.00

60

TABLE 5 (Continued)

Area and Incident Type	Ratio Per 1,000			
	ANGLOS	BLACKS	MEXICAN-AMERICANS	TOTAL
Region 8:				
All Abuse and Neglect	2.21	7.41	6.56	5.51
Abuse	0.05	0.00	9.66	6.16
Neglect	2.11	10.67	4.03	3.81
Abuse/Neglect	9.09	0.00	17.32	14.25
Region 9:				
All Abuse and Neglect	2.23	3.02	2.07	2.25
Abuse	2.01	0.71	1.66	2.51
Neglect	0.00	0.00	1.35	0.68
Abuse/Neglect	10.31	0.00	7.09	7.06
Region 10:				
All Abuse and Neglect	0.19	0.13	0.00	0.55
Abuse	0.26	0.50	0.00	0.41
Neglect	3.07	0.62	0.00	3.60
Abuse/Neglect	3.24	0.00	0.00	7.38
Region 11:				
All Abuse and Neglect	3.57	7.75	6.60	5.28
Abuse	6.79	14.23	15.09	0.05
Neglect	2.05	0.00	3.01	2.62
Abuse/Neglect	2.04	25.32	11.76	11.08
Region 12:				
All Abuse and Neglect	0.25	20.32	0.00	6.70
Abuse	13.95	0.00	0.00	10.62
Neglect	0.00	37.74	0.00	7.90
Abuse/Neglect	0.00	0.00	0.00	5.00
TOTAL (State)				
All Abuse and Neglect	6.51	8.50	5.27	5.69
Abuse	5.05	11.89	9.83	7.02
Neglect	3.32	5.00	2.95	3.10
Abuse/Neglect	0.16	21.07	8.31	6.51

3.6 Case Involvement by Type of Abuse and Neglect

The data were also examined to determine the types of abuse and neglect suffered by the child death victims. Figure 12 displays those categories of abuse only implicated in the death of the child with the highest frequency of reporting. Five additional categories (bone fracture, concussion, confinement, poisoning, and sexual abuse) comprised less than 2% each. The percents in Figure 12 represent only those deaths in which some type of abuse was actually indicated on the finalized CANRIS form. That is, in 26 of the cases, "None" was recorded as the type of abuse and no indication of abuse type was recorded for 76 of the cases. Corresponding data were also obtained for the 1975-1977 CANRIS population, revealing bruises, emotional abuse, and sexual abuse to be the categories of abuse with the highest frequency of occurrence [48.0%, 26.2%, and 11.6%, respectively (*N*=23,142)]. These three categories accounted for nearly 86% of the available data, with the remaining 14% being about equally distributed among the other reporting categories included on the CANRIS form (bone fracture, brain damage, burns, concussion, confinement, dislocation, dismemberment, exploitation, exposure, subdural hematoma, subdural hemorrhage, internal injuries, malnutrition, poisoning, scalding, skull fracture, sprains, suffocation, welts, and wounds).

For those deaths where neglect only was implicated, lack of supervision had the highest frequency of reporting (43.5%), followed by medical neglect (31.9%), physical neglect (20.6%), and abandonment (4.0%) (see Figure 13). A slightly different picture emerged for the 1975-1977 CANRIS population (*N*=58,385) for which lack of supervision had the highest frequency of reporting (45.7%), followed by physical neglect (31.9%), medical neglect (9.1%), educational neglect (7.1%), and abandonment (6.0%).

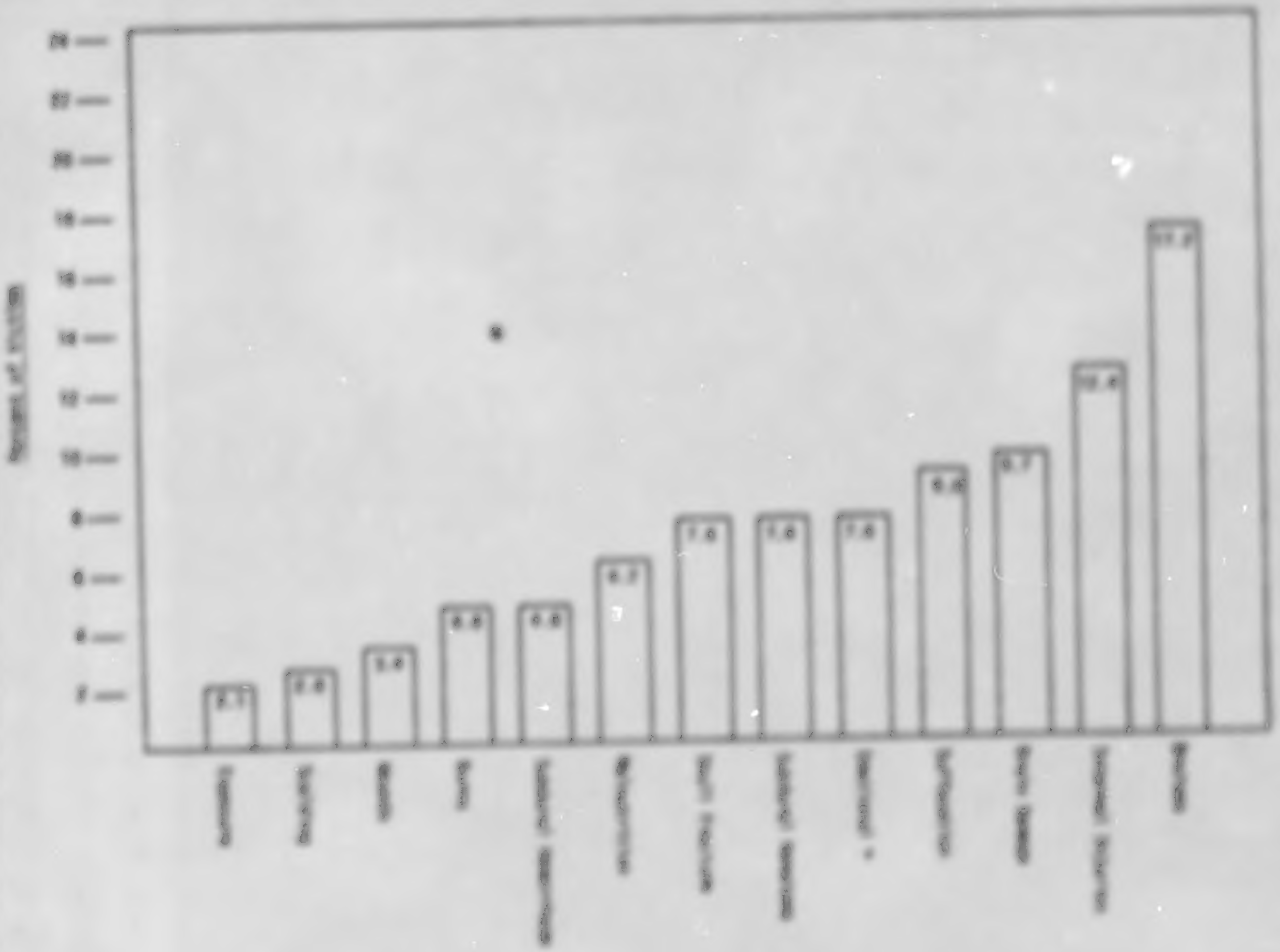


Figure [illegible]: Primary categories of abuse suffered by child death victims (N=[illegible])

* Not sole cause of death

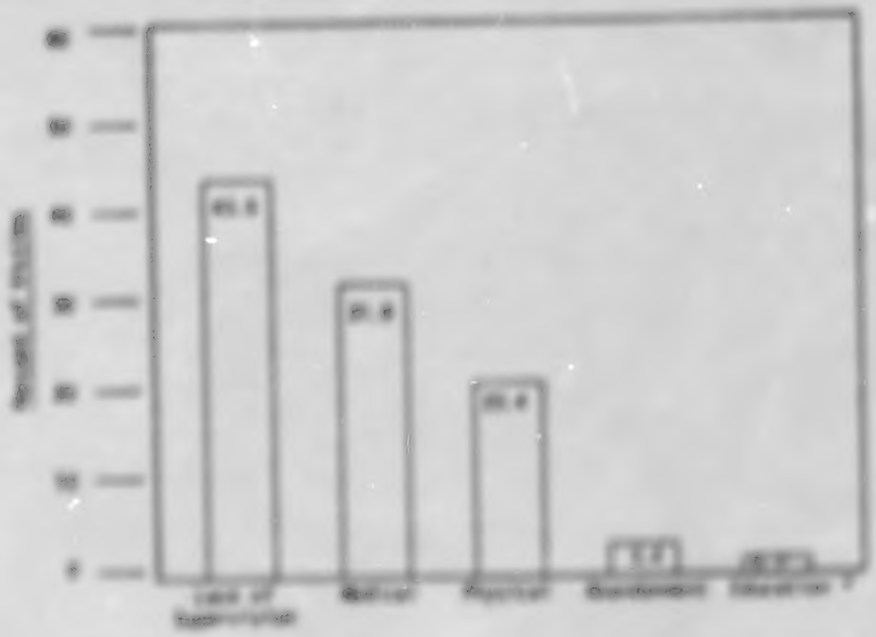


Figure 13 Primary categories of neglect suffered by child death victims (N=[illegible])

* Not sole cause of death

A cursory look at child deaths due to maltreatment initially leaves the impression that the majority of children die from abuse. However, close analysis of the case file information indicated that a significant number of children died as a result of fires, in a number of instances while locked in their homes; drowning in bathtubs when left unattended or with very young siblings; or of severe medical neglect. In a number of the severe medical neglect cases, several admissions and discharges previously from hospitals for various kinds of medical care with little follow-up were noted; others documented a lack of interface with the health care system, particularly, as previously noted, among the Mexican-American population. Several of these case records reviewed indicated fear and misunderstanding of health services provided on the part of the parents; in two instances, there were problems with hospitals providing services because of citizenship of the parents or the child.

In 41.2% of the incidents, the victim was the only child in the family. In an additional 27.3% of the incidents, the victim had one other sibling, and in 15.7% of the incidents there were two other siblings in the family in addition to the victim (see Figure 19).

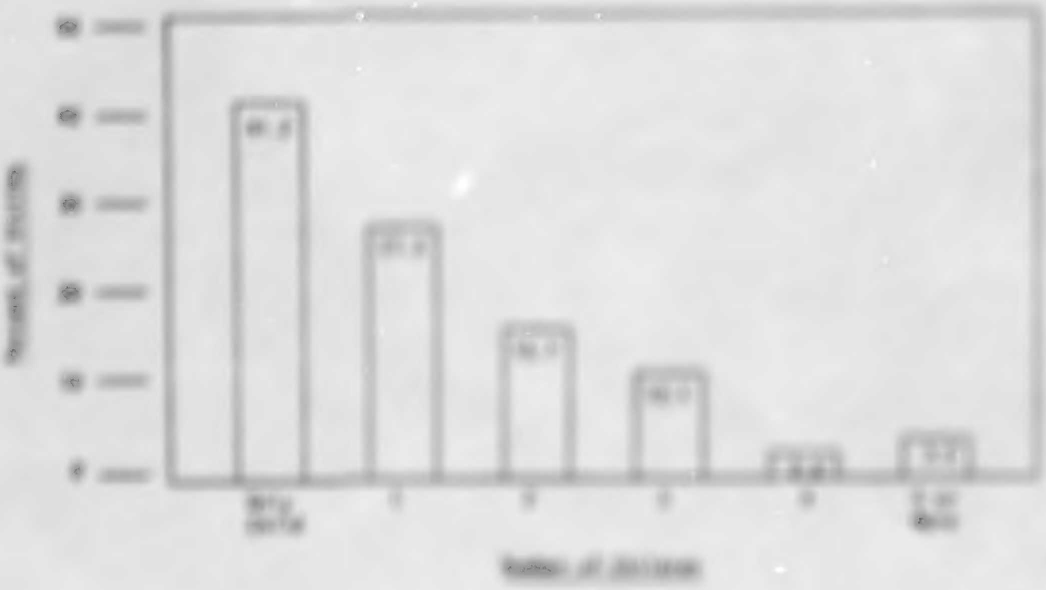


Figure 19: Number of siblings of child death victims.

With regard to the living arrangements of the child death victims, the vast majority (87.7%) were reported to be living in their own homes at the time of the abuse or neglect incident implicated in the death of the child. An additional 7.4% were reported to be living in the home of a relative at the time of the incident implicated in the death. In only one instance did the case record indicate that the child resided in foster care at the time of the abuse or neglect incident implicated in the death. The death was later ruled not caused by child abuse or neglect, and the foster parents were acquitted.

The existence of physical or mental handicaps among the child death victims was indicated in the case files in less than 3% of the cases. Case recording guidelines do not require staff to document the absence of a particular condition such as physical or mental handicaps, only its presence, if known. Therefore, the reader must assume that if a particular condition was not noted in the case files, it was not known to the worker handling the case.

3.7. Victim Family/Significant Others Characteristics

Income data were available in relation to less than 25% of the child death victims. Conclusions based on such limited data would be tentative at best and, therefore, income statistics for the abusing or neglectful families are not included in this report. In 38.9% of the child death families, the primary provider in the family was either unemployed or not presently in the labor force. An additional 40.3% were classified as blue-collar workers (skilled or unskilled). Only 8.6% of the families had primary providers who could be classified as having white-collar occupations. Finally, in 12.4% of the families, the occupation of the primary provider in the family was listed as "other" or "unknown" (see Figure 7).

Similar results were observed for the 1975-1977 CANRIS population. That is, 37.2% of the primary providers in the family were either unemployed

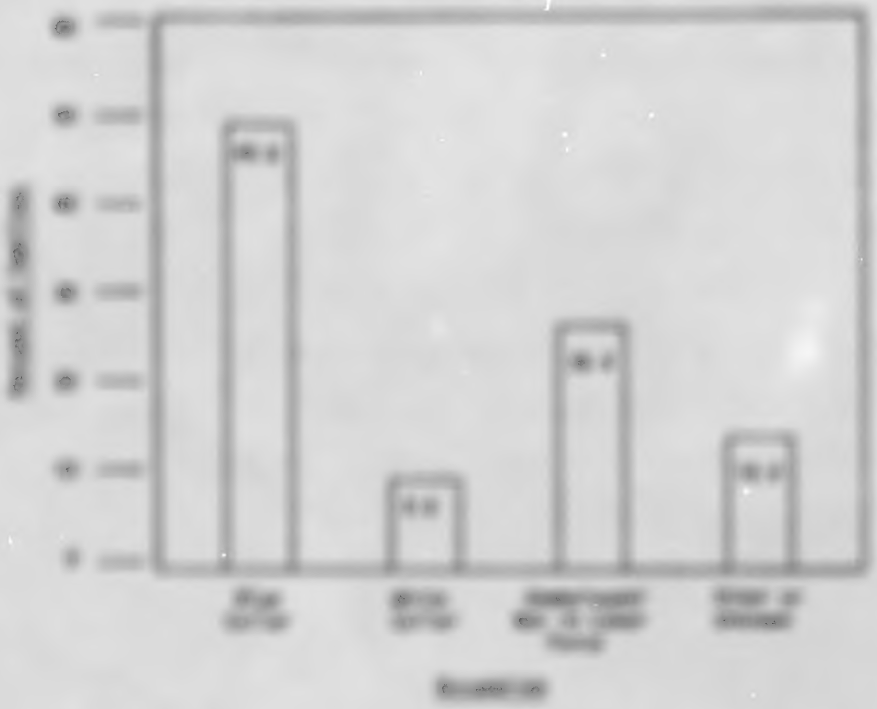


Figure [illegible]: Occupation of primary provider of families of child death victims.

or not in the labor force at the time of the child abuse or neglect incident. An additional [illegible]% were classified as blue-collar workers (skilled or unskilled). Only 8.7% of the families had primary providers who could be classified as having white-collar occupations. Finally, in 13.3% of the cases, the occupation of the primary provider in the family was listed as "other" or "unknown."

In relation to approximately 40% of the child death victims, no father was present in the household at the time of the child's death. Interpretation of this category was somewhat confusing, however, as it related to the [illegible] reporting form. That is, the 40% included the categories of "none of the above" (i.e., not natural father, stepfather, or adoptive father).

"Unknown," and "Missing data." It was impossible to determine from the [illegible] data alone what the relative contribution of each of these classifications was to the sum total of [illegible]. It was assumed for this report that the [illegible] related primarily to those families in which the father was either unknown or absent from the household. For those cases in which a father figure was present, about [illegible] of the victims were reported to be living in a family situation where the natural father was present, and about [illegible] were listed as residing at home with a stepfather. Less than 1% of the victims were reported to be living in a family situation where an adoptive father was present (see Figure [illegible]).

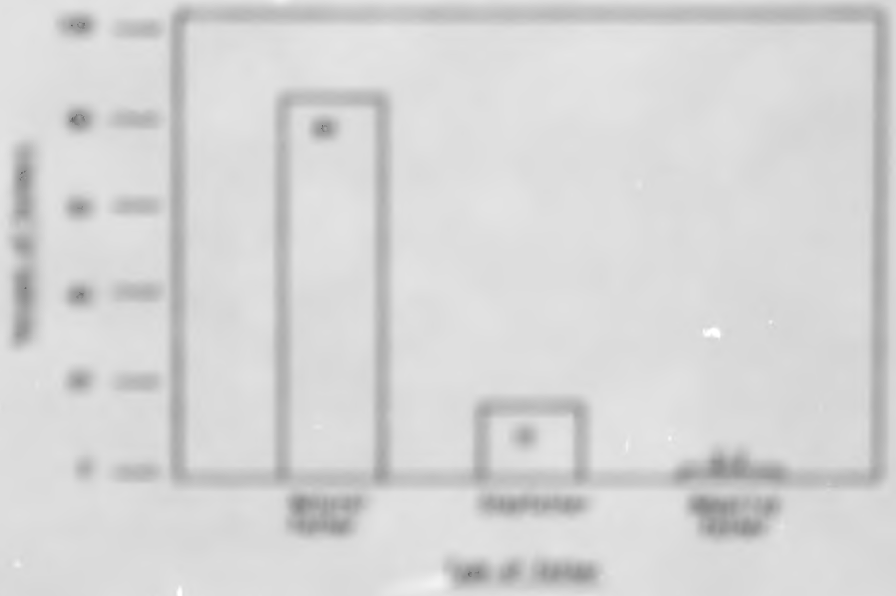


Figure [illegible]. Type of father present in household at time of abuse or neglect incident [illegible]

A similar pattern of results was observed for the 1975-1977 CANRIS data. That is, in those cases in which a father figure was present, about 80% of the victims were reported to be living in a family situation where the natural father was present, and about 18% were listed as residing at home with the stepfather. Less than 1% of the victims were reported to be living in a family situation where an adoptive father was present.

For the child deaths subsample, where a natural, step, or adoptive father was listed as being present in the home, the median age of those fathers was 24.0 years at the time of the birth of the victim. The median age of those fathers who were in the home at the time of the child's death was 26.7 years. For the 1975-1977 CANRIS population, where a natural, step, or adoptive father was listed as being present in the home at the time of the abuse or neglect incident, the median age of those fathers was 30 years, or some 3 years older than their counterparts in the child deaths subsample. In 65% of the child death cases, either the natural, step, or adoptive father was listed as the alleged perpetrator of the abuse or neglect situation implicated in the child death. In an additional 12.2% of the cases, the father was "not involved" in the abuse or neglect incident. In nearly 20% of the cases, determination of the father's role was "uncertain," and in 3.7% of the cases the father's role was definitely unknown (see figure 17). A dramatically different picture emerged for the general CANRIS population, in which the natural, step, or adoptive father taken together as a group was listed as the alleged perpetrator of the abuse or neglect incident in only 33% of the cases.

In regard to the mothers, 92.1% of all child death victims were reported to be living in a home with the natural mother present at the time of the abuse or neglect incident implicated in the child death. The mother was

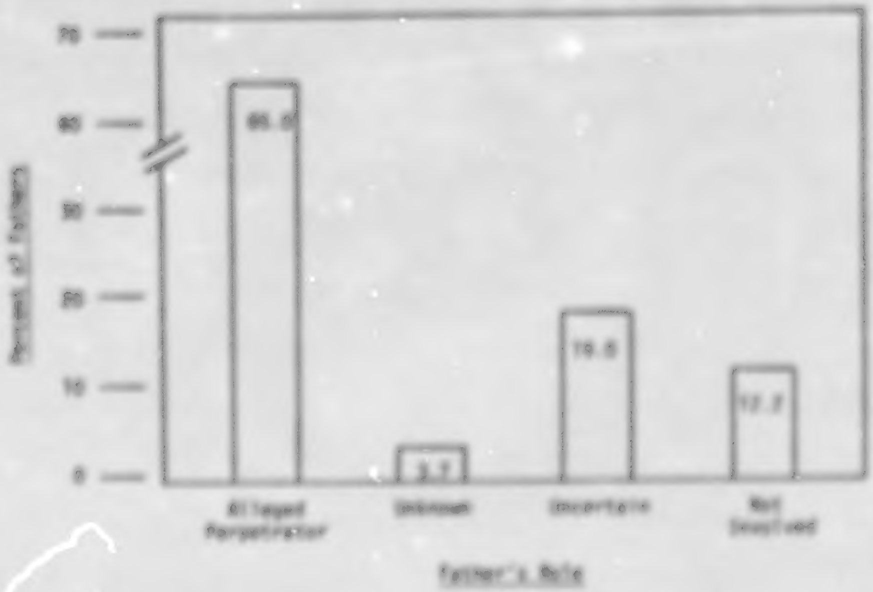


Figure 17: Father's role in abuse or neglect incident implicated in child death

listed as unknown or otherwise not present in the household in only 6% of the cases. About two percent (1.6%) of the child death victims were reported to be living with a stepmother, and less than 1% were listed as living with an adoptive mother at the time of the abuse or neglect situation implicated in the child death (see Figure 18).

Similar statistics were obtained for the 1975-1977 CANRIS population. That is, 96.7% of the general CANRIS population victims were reported to be living in a home with the natural mother present at the time of the abuse or neglect incident. About 3% of the victims were listed as living with a stepmother, and less than 1% were listed as living with an adoptive mother at the time of the abuse or neglect incident.

For the child deaths subsample, where a natural, step, or adoptive mother was listed as being present in the home at the time of the abuse or neglect

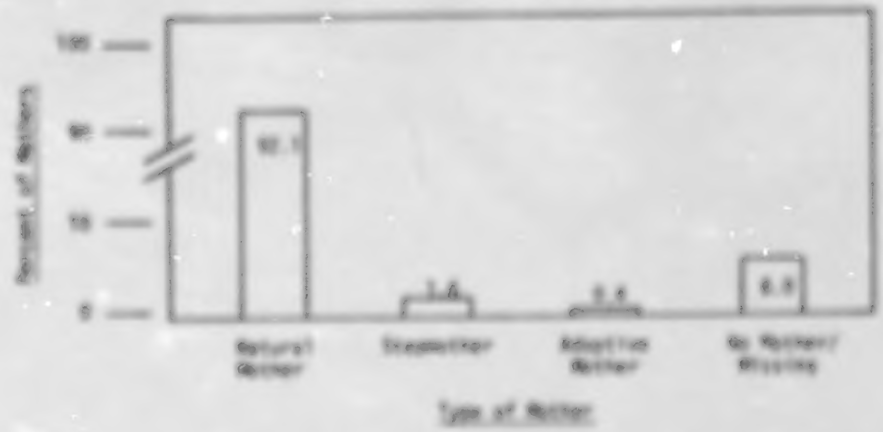


Figure 18: Type of mother present in household at time of abuse or neglect incident implicated in child death

incident implicated in the child death, the median age of those mothers at the time of birth of the victims was 20.0 years. The median age of those mothers at the time of the child's death was 22.4 years. For the 1975-1977 CANRIS population, where a natural, step, or adoptive mother was listed as being in the home at the time of the abuse or neglect incident, the median age of those mothers was 28 years, or some 6 years older than their counterparts in the child deaths subsample. In the bulk of the cases (nearly 63%), the natural, step, or adoptive mother was listed as the alleged perpetrator of the abuse or neglect situation implicated in the child death (see Figure 19). Taken together with similar data for the fathers, the latter result suggests that in approximately two-thirds of the deaths, the abuse or neglect situation implicated in the child death involved two alleged perpetrators (i.e., natural, step, or adoptive father, and natural, step, or adoptive mother).

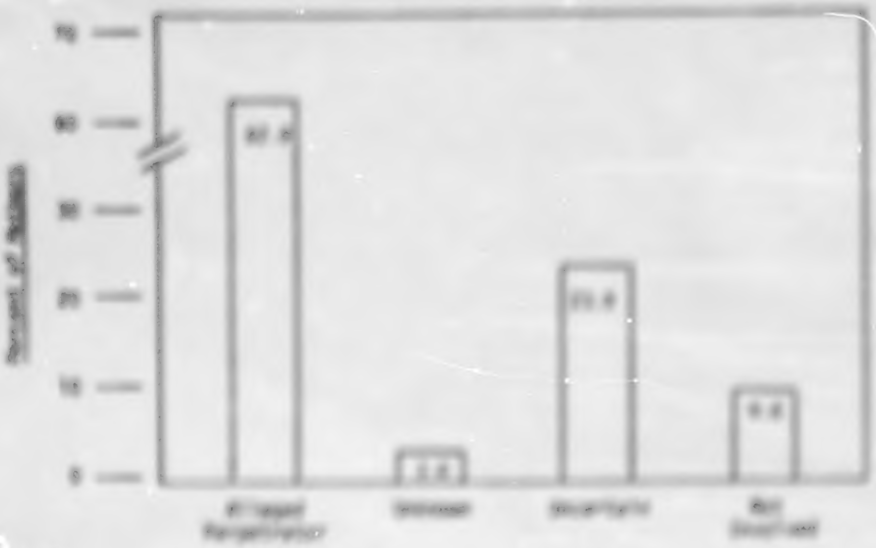


Figure 13: Mother's role in abuse or neglect incident implicated in child death

It is significant to note that for the general CANRIS population, the natural, step, or adoptive mother was listed as the alleged perpetrator of the abuse or neglect incident in nearly 80% of the cases, or double that for the fathers. This difference may be attributed to the fact that mothers tend to be at home with the children more on the average than fathers and, therefore, the potential for perpetrating an abuse or neglect situation is higher for this group. Such an explanation does not seem to hold up for the child deaths subsample, however, in which some two-thirds of the deaths involved natural, step, or adoptive fathers as alleged perpetrators.

In nearly 90% of the cases, the school status of the male alleged perpetrator was not indicated in the case record. Similar data were missing from the case records of the female alleged perpetrators in about 80% of the cases.

Thus, no substantive conclusions could be drawn regarding the relationship between length of schooling of the alleged perpetrator and incidence of abuse and neglect leading to death of the child, and these limited data are omitted from this report. A related absence of data was observed regarding previous criminal records of the male and female alleged perpetrators, as well as indications of mental or physical handicaps. Accordingly, these data are also omitted from the present report.

In an effort to gain a perspective on how long the family had resided in the area where the death occurred, case records were reviewed to determine whether or not the family was a short- or long-term resident. Although of the total deaths (N=267) a determination was able to be made only about 50% of the time, it is noteworthy that in over 40% of the situations where data were available, the family had lived in the area in which the death occurred less than one year. About 23% of the families had lived in the area in which the death occurred between one and three years, and an additional 33.3% had lived in the area for more than three years when the death occurred (see Figure 22).

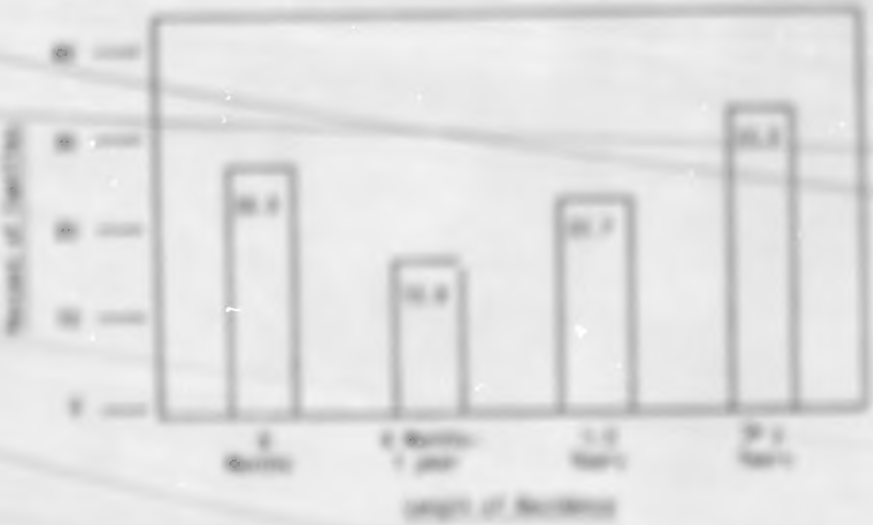


Figure 22: Length of residence in area where death occurred (N=133)

Narrative summaries maintained by case recorders involved in the research project indicated that in twelve of the deaths, continual moves by the family implicated in the death were noted in the case record. In several instances, case worker persistency in tracking the family was indicated in spite of the frequent moves. However, this obviously deterred staff from being able to establish positive contacts and to provide effective casework services to the family.

Although a substantial portion of the families of the child death victims apparently moved frequently, the data also indicate that they were not without family ties from relatives living in the area in which the death occurred. That is, where data were available (N=175 cases), relatives living in the same area as the family were indicated in the case record in nearly 75% of the cases.

4.0 STUDY CONCLUSIONS AND RECOMMENDATIONS

On the basis of the preceding discussion, a relatively clear picture can be developed of a family in which an abuse or neglect situation is implicated in a child death. The child death victims were predominantly of pre-school age (median age at the time of death was 1.8 years) and about equally distributed according to sex (55.1% males and 44.9% females). While a similar picture emerged with regard to the ratio of males to females for the 1975-1977 general CANRIS population, a dramatic contrast was observed between the two comparison groups on the age variable. That is, the victims of child abuse and neglect implicated in the death of the child were substantially younger than their non-death counterparts in the general CANRIS population (median age of 1.8 years versus 10.1 years, respectively).

Incidents of child neglect or abuse and neglect (combined) were more likely to be implicated in the male deaths, whereas incidents of abuse alone were more likely to be implicated in female deaths. No dramatic differences were observed in the pattern of results in incidents of abuse and neglect not implicated in child deaths in the general CANRIS population.

The data showed that 45.1% of the child death victims were Anglo, 25.1% were Black, and 25.8% were Mexican-American. Less than 1% were Oriental and about 1% were classified as "other." This distribution was slightly different for the general CANRIS population, in which 51.3% of the non-death victims of abuse and neglect were Anglo, 18.1% were Black, and 27.9% were Mexican-American. Less than 1% of these victims were classified as Oriental or "other."

When compared to either the Texas under-18 population or the CANRIS population, Anglos were underrepresented in the child deaths subsample (45.1%

versus [illegible] and [illegible], respectively), and Blacks were overrepresented ([illegible] versus [illegible] and [illegible], respectively). Little discrepancy existed between comparable statistics for the Mexican-American group ([illegible] versus [illegible] and [illegible], respectively).

The child death victims were predominantly members of families where they were the only child in the family or had one other sibling. In either case, the vast majority of the victims ([illegible]) were living in their own homes at the time of the abuse or neglect incident implicated in their deaths.

Those categories of abuse only most often cited in the [illegible] record for the child death victims included bruises, internal injuries, brain damage, suffocation, emotional abuse, subdural hematoma, and skull fracture. These categories accounted for [illegible] of the incidents of abuse only implicated in the death of the child. Other categories of abuse were observed, but in substantially smaller quantities. Corresponding data obtained for the general [illegible] population revealed bruises, emotional abuse, and sexual abuse to be the categories of abuse with the highest frequency of occurrence, accounting for some [illegible] of the victims. The remaining [illegible] were about equally distributed among the other reporting categories. This difference is suggestive of the severity of the abuse situation implicated in the death of the child, rather than any bias which may be due to reporting or a real difference between the two comparison groups on this variable.

When neglect was determined to be the precipitating factor in the child death, lack of supervision was found to be the type of neglect most often observed ([illegible] of the victims), followed by medical and physical neglect ([illegible] and [illegible], respectively). A slightly different picture emerged for the general [illegible] population, in which lack of supervision had the highest frequency of reporting ([illegible]), followed by physical and medical neglect

(10.8% and 8.1%, respectively). In both populations, other types of neglect accounted for less than 10% of the incidents.

When population size differences were taken into consideration, considerable variation in the reporting rate of incidents of abuse and neglect implicated in child deaths was observed for the various DHR regions. The reporting rate for Blacks (statewide total) was approximately twice (or greater than) that for Anglos or Mexican-Americans across the three reporting categories. The reporting rates for Anglos and Mexican-Americans were nearly identical for these same categories. Similar, but less dramatic results were observed for the general (CANRIS) population.

The common observation that Mexican-Americans as a group tend to be perpetrators of medical neglect more so than members of other ethnic groups was tested for the data of this study by performing a cross-tabulation of type of neglect by ethnicity of victim. Confirmation was obtained. Mexican-Americans were involved in medical neglect of their children in nearly 50% of the cases in which medical neglect was reported, as compared to approximately 25% for Anglos and Blacks. There were no other discernible differences when ethnicity and type of abuse or neglect were tested for correlation.

Considerable variation was also observed in the rates of validated incidents of abuse or neglect implicated in the child deaths for the various DHR regions, as well as the finding that validation rates for Blacks (statewide total) were approximately twice (or greater than) that for Anglos or Mexican-Americans across the three reporting categories. This pattern of results was also observed in the general (CANRIS) population, but less pronounced than in the child deaths subsample.

Specific and quantifiable differences were observed in terms of ethnicity of the victim and rates of abuse and neglect implicated in the death of the child. The dramatic differences observed between Blacks and the other ethnic groups of this study point to either a systematic reporting bias in the community for Blacks, coupled with a similar bias among caseworkers in terms of validating such cases, or the possibility that Blacks tend to engage in situations of abuse and neglect implicated in death of the child far more than their Anglo or Mexican-American counterparts.

It would behoove the Department to determine whether a reporting bias exists for this population and, if so, determine ways in which to eliminate such a bias. On the other hand, if it is determined that no such bias exists, then strengthened programming, including increased cultural sensitivity, is needed in relating to this segment of the population, and to reduce incidences of abuse and neglect associated with death of the child.

The existence of physical or mental handicaps among the child death victims was indicated in the case files for less than 2% of the victims. Absence of data on this variable was assumed to reflect its lack of occurrence rather than missing or incomplete data.

The families of the child death victims were observed to move quite frequently, but were not without family ties from relatives living in the same area.

In nearly 80% of the cases, there was an absence of a father or father figure in the home noted in the record at the time of the abuse or neglect incident implicated in the child's death. Interpretation of this category was somewhat confusing, however, as it related to the CANRIS data. That is, the 80% included the categorizations of "none of the above" (i.e., not natural father, stepfather, or adoptive father), "unknown," and "missing." Therefore, it was impossible to determine from the CANRIS data alone what the relative contribution of each of these classifications was to the 80% total of 80%. This finding represents an area in which clarification might be provided on the actual (NCCAN) reporting form itself, or an input to the conduct of administrative intervention to effect the correct codification of responses by the child protective services worker filling out the form.

The parents of the child death victims were observed to be relatively young at the time of the child's birth (24 years versus 20 years for fathers and mothers, respectively), as well as at the time of death (26.7 versus 22.6, respectively), with the fathers being some four years older on the average than the mothers. The parents of non-death victims in the general population tended to be somewhat older than their counterparts in the child deaths subsample (28 years versus 26 years for fathers and mothers, respectively). Additionally, the average age discrepancy between the two was about two years less than that observed for parents involved in abuse or neglect situations in which a death occurred.

In the bulk of the child death cases, both the mother and father (natural, step, or adoptive) were listed as alleged perpetrators of the abuse or neglect situation implicated in the child's death, a result which suggests the need for treatment intervention services which are targeted not only to the mother or the father alone, but to both of them as a group. A similar pattern was not observed, however, for the general (NCCAN) population, in which mothers (natural, step, or adoptive) were listed as alleged perpetrators of the abuse or neglect incident nearly twice as many times as the fathers.

The availability of income data on the parents of the child death victims was severely restricted in the (NCCAN) report or in the case record (less than 20% of the cases), making it impossible to generate any substantive conclusions regarding the relationship of this variable to occurrence of child deaths in the Texas population. Further, in over 80% of the cases, the educational level of the male and female alleged perpetrators are not indicated in the case records, thereby rendering useless any analyses of the relationship between schooling of the alleged perpetrator and occurrence of child abuse and neglect implicated in the death of the victim. A similar absence of data was observed regarding the previous police records, as well as indications of physical or mental disabilities of the male and female alleged perpetrators of the child deaths.

From the above discussion, it should be clear that there is a need to strengthen records being kept on cases of child abuse and neglect casualties. This observation includes the child protective services system of DHS, as well as other agencies and individuals who are involved in some way in child abuse and neglect cases. The absence of key data in the case files rendered the task of generating comprehensive profiles of the child death victims and their alleged perpetrators, as well as environmental situations which seem to be closely related to incidences of child abuse and neglect implicated in deaths of the child, a difficult exercise. It is from detailed analyses of such data that specific and quantifiable recommendations can be made regarding the current child protective services delivery system in Texas. To the extent that these data are unavailable, the overall task of generating valid and reliable recommendations is adversely affected.

A strong recommendation is made, therefore, that the quantity and quality of case file information be substantially improved such that the policy and program decisions derived from analyses of them can be enhanced. Since this goal represented one of the guiding principles in the design and subsequent development of the CANRIS system from its very inception, immediate attention to this task is urged.

Several interesting results were observed regarding the [illegible] efficacy of the DHR child protective services system, as well as other DHR programs and the broader community-at-large, in meeting the challenge of child abuse and neglect in Texas. The data of this study revealed that the families of [illegible] of the victims had experienced some contact with DHR prior to the report [illegible] in the death of the child. The families of [illegible] of the victims were observed to be receiving some DHR services at the time of or during the year immediately preceding the abuse or neglect incident [illegible] in the child's death. Of those [illegible] families, [illegible] were receiving child protective services at the time of or during the year preceding the death of the child. Thus, for the total child death caseload, [illegible], or approximately one quarter, had experienced DHR child protective services involvement prior to the abuse or neglect incident [illegible] in the child's death.

[illegible] DHR service activity on behalf of families involved in abuse or neglect [illegible] in death of the child was also observed in the areas of child health screening [illegible], family counseling, and food stamps. [illegible] services, the police, and the courts represented the highest sources of non-DHR involvement for families of the child death victims, either at the time of or during the year preceding the child's death.

When attempting to determine whether previous incidents of child abuse and neglect had occurred among the families of the child death victims, evidence of such occurrences was available in only [illegible] of the cases. Because an unknown number of [illegible] reports had not been [illegible] at the time of the case reviews, it was concluded that the [illegible] represented an [illegible] figure and needed to be [illegible] as a result of [illegible] [illegible].

The data on DHR and non-DHR service activity cited above seem to support the need for greater awareness and training among the [illegible] [illegible] of child protective services, as well as other agencies and individuals in the private community-at-large, regarding the identification and reporting of suspected incidents of child abuse and neglect. These findings may also be related to the need to assess current organizational, administrative, and managerial practices and policies within the child protective services program itself (i.e., improved interagency communication and referral patterns, increased efficiency with which cases are handled and transferred).

In summary, this study has surveyed and examined a serious societal problem (i.e., child abuse and neglect) reported in behalf of a child using a comprehensive data base. An attempt was made to determine subsets of variables which would suggest a profile of a victim, an alleged abuser/neglector, and selected environmental variables which appear to play a key role in abuse or neglect situations reported in behalf of the child. Selected [illegible] variables and conditions of the Texas child protective services delivery system were also examined.

Two major data sources were examined (i.e., the Child Abuse and Neglect Reporting and Tracking System (CANRTS) and case file data) to determine the characteristics and conditions surrounding incidents of child abuse and neglect reported in behalf of the victim. Over one hundred variables were examined, with the goal of illuminating the dimensions of abuse or neglect situations linked to child deaths. Considerable difficulty was experienced, however, in applying a rigorous research framework to the present study because of the way in which data in such cases were recorded and/or coded, the absence of full or complete case records to supplement the CANRTS data, and the lack of comparative national information on the variables under study.

While a reasonable glimpse can be provided of a child death victim, his alleged perpetrator(s), and the environment in which the child death occurred, many of the conclusions reached herein were tainted by the absence of data on key identifying variables. What can be learned, however, from this collective experience is that we are dealing with a complex social problem with many and diverse dimensions. Understanding this problem requires a concerted effort on the part of all involved to document in detail the characteristics and conditions surrounding its manifestation.

It appears from the data of this study that we are dealing with severely troubled and multi-problem families, who through desperation, inadequate parenting skills, or social alienation, have engaged in abuseful or neglectful behavior leading to the death of their children. Furthermore, with the exception of the average age of the child death victim, which tended to be quite young (less than 2 years), and the fact that the mothers and fathers of the child death victims were also relatively young, both at the time of birth of the child as well as at the time of the death, no systematic differences were observed on the major variables of this study when comparing child death victims and their alleged perpetrators with their counterparts in the general (CANRIS) population.

The development of the (CANRIS) system was heralded as an important step in providing a detailed information base from which a better understanding of the etiology and manifestation of child abuse and neglect leading to the death of the child could be obtained. Through such an understanding, custom-tailored training curricula, as well as specialized child protective services programs, were to be developed to reduce abuse and neglect leading to death of the child.

Within the current constraints identified above, it was possible through the auspices of this study to identify a set of variables which would suggest a profile of an individual (alleged perpetrator) who engages in abuse or neglect situations implicated in death of a child. It was further possible to identify a similar set of variables which would suggest a profile of a child (victim) fatally injured under such circumstances. Certain aspects of those intervention systems involved in child abuse and neglect cases were also identified which could potentially contribute to a breakdown in those systems likely to result in a child being fatally injured by abuse or neglect.

Listed below are a set of recommendations based on the specific results and conclusions of this study:

(1) that specialized training in the continued use of the (CANRS) data system be provided for protective services workers statewide, in order that the overall data collection and reporting process can be upgraded and enhanced;

(2) that special efforts be expended by DHR to improve intra and interagency coordination, consultation, and referral, in an effort to increase the efficiency with which child protective services cases are identified, referred to the appropriate DHR division, and subsequent intervention services initiated;

(3) that awareness training and publicity be provided to DHR personnel outside of the protective services program, as well as other agencies and individuals in the community who are involved with cases of child abuse and neglect, to effect the early identification, classification, and reporting of such cases;

(4) that particular emphasis be afforded to improving the quantity and quality of case file information provided by DHR agencies on cases of child abuse and neglect, in order that a better understanding of the phenomenon can be obtained.

(5) that the distribution of cases of child abuse and neglect be reviewed by DHR according to the specific locality (county or region) in which they occurred, in order that adequate staffing patterns and services can be developed. Other indicators, such as ethnic differences, need to be reviewed to ensure that appropriate services are delivered according to ethnic- and cultural-specific needs;

(6) that the health service delivery system as it relates to the Mexican-American population of Texas be examined to determine the extent to which these services are accessible and culturally relevant to this population. Of particular concern is emergency services provided by hospitals and out-patient departments to indigent children when proof of residency is raised as an admission issue;

(7) that increased attention be given by DHR and other service providers to those cases involving neglect of the child, which were shown to constitute nearly half of the child deaths subsample; and

(8) that a study similar to the one reported on herein be conducted on an annual basis, to better affect a continuous flow of information and understanding of the phenomenon of child abuse and neglect implicated in death of the child.

APPENDIX B

([illegible]) Report, Form [illegible]

CHILDREN'S PROTECTIVE SERVICES
INTAKE AND [illegible] REPORT
PART I

SECTION I - WORKER IDENTIFICATION

SECTION II - INCIDENT REPORT

SECTION III - INDIVIDUAL INFORMATION

SECTION IV - FAMILY/CASE INFORMATION

8/

[illegible] of Texas
[illegible]

Form [illegible]
[illegible]
Page [illegible]

INTAKE SUPPLEMENT

[illegible] PROTECTIVE SERVICES [illegible]

[illegible]

[illegible] ☐ Yes ☐ No ☐ [illegible]

[illegible] ☐ Yes ☐ No Name of District

[illegible] / / [illegible]

[illegible] ☐ Yes ☐ No ☐ [illegible]

[illegible]

[illegible]	[illegible]	[illegible]

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ACTION TAKEN

[illegible]	[illegible]
[illegible] ☐ Yes ☐ No	[illegible]
[illegible]	Yes ☐ [illegible]
	No ☐ [illegible]
Date	Supervisor Date

FORM 2000 A
[illegible]

CHILDREN'S PROTECTIVE SERVICES INTAKE AND CANRIS REPORT

PURPOSE

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

PROCEDURE

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36. *DPW Client No.* – Enter the nine-digit DPW social services client number for each individual as reported to the Social Services Management System. Leave blank if the client is not registered into SSMS.

37. *Social Security No.* – Enter the social security account number, if known, for each individual in the incident. Leave blank if unknown.

38. *Living Arrangement (LA)* – Enter one of the following two-digit codes to indicate each individual's current living arrangement. If the living arrangement has changed at the time of the final closing report, this item must be updated. If the individual dies, enter the living arrangement at the time of death.

01 – Own Home –

(1) An adult in his personal residence, rented, supplied at no cost, buying, or owned, living alone, with a spouse, and/or children. Other related or unrelated individuals might be living in this home.

(2) A child that is living with his parents, siblings, or guardian in their personal residence, rented, supplied at no cost, buying, or owned.

02 – Relative's Home – An individual living with a relative other than his parents, siblings, or guardian.

03 – Independent Living Arrangement – A child living apart from his family, relatives, or guardian in a situation in which he has generally placed himself.

04 – Adoptive Home – A home with individuals who are expecting to adopt a child, but the adoption has not been consummated.

05 – DPW Foster Family Home – A facility certified by DPW providing 24-hour care for six or fewer children.

06 – Other Foster Family Home – A commercial or non-DPW agency boarding home providing 24-hour care for six or fewer children.

07 – DPW Foster Group Home – A child care facility certified by DPW which provides care for 7 to 12 children for 24 hours a day.

08 – Other Foster Group Home – A commercial or non-DPW facility which provides 24-hour care for 7 to 12 children.

09 – Emergency Shelter Foster Home – A facility licensed or certified as a boarding home which cares for six or fewer children for emergency short-term care only.

10 – Emergency Shelter Foster Group Home – A facility licensed or certified as a foster group home which cares for 7 to 12 children for emergency short-term care only.

11 – Emergency Shelter Institution – A child-caring institution licensed or certified as an emergency shelter which cares for 13 or more children.

12 – Public Child-Caring Institution – A facility operated by the State or its political subdivision which provides basic child care for 13 or more children for 24 hours a day.

13 – Private Child-Caring Institution – A private facility which provides basic child care for 13 or more children for 24 hours a day.

14 – Public Institution for the Mentally Retarded – An institution administered by a governmental agency to provide care to 13 or more mentally retarded individuals on a 24-hour a day basis.

15 – Private Institution for the Mentally Retarded – A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more mentally retarded individuals on a 24-hour a day basis.

16 – Public Institution for the Emotionally Disturbed or Mentally Ill – An institution administered by a governmental agency to provide care to 13 or more emotionally disturbed or mentally ill individuals on a 24-hour a day basis (includes residential treatment center).

17 – Private Institution for the Emotionally Disturbed or Mentally Ill – A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more emotionally disturbed or mentally ill individuals on a 24-hour a day basis (includes residential treatment center).

18 – Public or Private Institution for the Physically Handicapped – A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more physically handicapped individuals on a 24-hour a day basis.

19 – Public or Private Institution for the Blind or Deaf – A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more blind or deaf individuals on a 24-hour a day basis.

20 – Detention or Correctional Facility – A facility under the jurisdiction of the Department of Corrections or the Texas Youth Council or other city or county government for the retention of individuals for whom a judicial decision has been made to remand them to said institution.

21 – Maternity Home – A temporary residence for prenatal or postpartum care.

22 – Halfway House – A transitional residence for emotionally or behaviorally disturbed, alcoholic or drug addicted people who, while not in need of confinement in an institution, are unable to cope with the usual family or community life.

23 – State TB Hospital – A facility administered by the State for the treatment of tuberculosis.

24 – Other Hospital – A facility licensed by the Texas Department of Health Resources as a hospital.

25 – Nursing Home – A facility certified by the Department of Public Welfare and licensed by the Texas Department of Health Resources to give medical or social care as listed in the Texas Directory of Nursing Homes.

33 – Other – A child or adult in a living arrangement other than above.

34 – Unknown – A child or adult whose living arrangement is not known.

39. ***Conservatorship (CONS) (CANRIS Reports Only)*** – Enter the appropriate two-character code for **each child** in the report at the time of the finalizing CANRIS report. Leave blank for all adults.

Conservatorship of Child

Conservatorship	**Code**
Not changed	NC
Placed with DPW	DW
Changed, not placed with DPW	ND

40. ***Court Action (CA) (CANRIS Reports Only)*** – For **each child** in the report, enter the appropriate two-letter code for the court action at the time of the finalizing report.

Court Action

Action	**Code**
No petition filed	NO
Request to file refused	RR
Petition filed	PF
Petition withdrawn	PW
Conservator appointed	CA
Conservator not appointed	CN

41. ***Abuse Type (CANRIS Reports Only)*** – When the CANRIS report is finalized, for each victim in the CANRIS incident, enter the four-letter code for the appropriate type of alleged abuse. If more than one type of abuse is identified, the worker enters the **one** type he considers to be the primary abuse. If no abuse is identified, enter "NONE."

Type of Abuse or Injury	**Code**	**Definition**
Bone Fracture	BONE	Medical diagnosis
Brain Damage	BRAI	Medical or Psychiatric diagnosis
Bruises	BRUI	Observable injuries
Burns	BURN	Observed injuries inflicted by any hot object
Concussion	CONC	Medical diagnosis
Confinement	CONF	Tied up, locked up, kept in isolation in attic, closet or any other small restricted area
Dislocation	DISL	Bone structure – medical diagnosis
Dismemberment	DISM	Loss of bodily limb(s)

Emotional Abuse	EMOT	May be manifested in a variety of ways such as extremes of scapegoating, name-calling, derisive or belittling comments, constant expectations far above the child's capabilities, constant rejection, etc., resulting in the child feeling worthless or bad. May be determined through psychological or psychiatric evaluation.
Exploitation	EXPL	Child forced to perform activities for the benefit of an adult, such as beg, steal, prostitute, work long hours, etc.
Exposure	EXPO	Child forced to remain outside in extremely cold weather (result-frost bite or freezing) or extremely hot weather (result-severe sunburn or heat prostration)
Hematoma, Subdural	HEMA	Medical diagnosis
Hemorrhage, Subdural	HEMR	Medical diagnosis
Internal Injuries	INTL	Medical diagnosis
Malnutrition	MALN	Deliberate withholding of food
Poisoning	POIS	Includes drugs – deliberate act inflicted on child
Scalding	SCAL	Deliberate act inflicted on child using any hot liquid as differentiated from "burns"
Sexual Abuse	SEXL	Any sex act perpetrated on a child
Skull Fracture	SKUL	Medical diagnosis
Sprains	SPRA	Medical diagnosis
Suffocation	SUFF	Child deprived of oxygen (includes strangling, asphyxiation or drowning)
Welts	WELT	Observable injuries
Wounds	WOUN	Observable injuries – includes abrasions, lacerations, cuts or punctures
None	NONE	Use this code when no abuse exists

42. *Neglect Type (CANRIS Reports Only)* – When the CANRIS incident is finalized, enter the four-letter code for the appropriate type of alleged neglect for each victim in the CANRIS incident. If more than one type of neglect is identified or suspected, the worker should enter the one type he considers to be the primary neglect. If no neglect is identified, enter "NONE."

Neglect Type	Code	Definition
Abandonment	ABAN	Parent(s) or parent substitute(s) leaves child with no intention to return
Educational	EDUC	Child kept out of school continuously or for long periods of time
Medical	MEDI	Failure to provide needed medical attention (see Section 7211 of Social Services Handbook for limitations)
Physical	PHYS	Child always in dirty, ragged clothes, home filthy, vermin infested, garbage and litter strewn around, child fed erratically or not at all, or fed spoiled, unsanitary, contaminated food

Lack of Supervision	SUPE	Child left without adult supervision for long period of time – depends upon duration, extent and age of child
None	NONE	Use this code when no neglect exists

43. *Fatal (FTL) (CANRIS Reports Only)* – For each victim enter "Y" for Yes or "N" for No to indicate whether the abuse or neglect was fatal.

44. *Previous Incident Number (PREV INC NO) (CANRIS Reports Only)* – Enter the previous CANRIS incident number if the individual was previously reported to CANRIS. This number can be obtained from DPW records or through a Soundex search of CANRIS files. If more than one previous CANRIS incident has been reported, enter the number of the latest incident only. Leave blank if there is no previous CANRIS incident number.

Note: Before entering a previous incident number, the worker should be certain that the individual reported is the same as the individual in the previous incident.

45. *Line (CANRIS Reports Only)* – Enter the CANRIS line number that identifies the individual in the last previous CANRIS incident reported in Item 44.

Section IV – Finalizing Information

This section is to be completed by the worker who finalizes the investigation.

46. *Findings (CANRIS Reports Only)* – Enter one of the following one-character codes to indicate the type of case found as a result of the investigation.

A – Abuse
N – Neglect
B – Both Abuse and Neglect
C – Neither Abuse nor Neglect (use only for invalid dispositions and when family has moved)

47. *Disposition (DISP) (CANRIS Reports Only)* – Enter the appropriate three-letter code in the space provided to show the outcome of the abuse or neglect investigation.

Disposition	Code	Definition
Validated	VAL	Abuse or neglect has been substantiated
Invalidated	INV	Abuse or neglect has been clearly ruled out
Uncertain	UNC	Actual abuse or neglect cannot be substantiated or completely ruled out, but there is enough evidence from the investigation to establish a reasonable doubt that there may be abuse or neglect
Potential Identified	POT	Actual abuse or neglect cannot be substantiated but there is sufficient evidence to identify that abuse or neglect is likely to occur as a result of existing conditions in the home which seriously threaten the child's physical or emotional well being. In these instances, continuing social services are indicated to prevent the actual occurrence of abuse or neglect
Family Moved	MOV	Family moved before any of above dispositions were made

Note: When disposition item is entered in CANRIS reports Item 29 "Role" should be updated as follows:

(1) If the report is validated, there must be either a victim or a perpetrator, and there should be both.

(2) If the report is invalidated, there is no victim or perpetrator and the role of all individuals in the incident become "NO" (not involved).

(3) If the results of the investigation are uncertain or the family moved, the roles become "UC" (uncertain), "UK" (unknown), or "NO" (not involved), depending on the worker's evaluation of the situation. All roles cannot be "NO" (not involved).

(4) If the investigation identifies potential abuse or neglect, a potential victim or perpetrator must be identified.

48. *Criminal Action (CRIM ACT) (CANRIS Reports Only)* – Enter the appropriate two-letter code to indicate status of criminal action for the current incident.

Criminal Action

Action	**Code**
No charge filed	NC
Charges filed	CF
Charges dropped	CD
Hearing set	HS
Hearing postponed	HP
Hearing in process	IP
Perpetrator convicted	PC
Perpetrator acquitted	PA

49. *Annual Income (ANN'L INC.) (CANRIS Reports Only)* – Enter the approximate yearly income of the victim's family. Round the amount to the nearest dollar. For example, $10,061.38 should be entered as $10,061.

50. *Primary Provider Occupation (OCC) (CANRIS Reports Only)* – Enter one of the following three-letter codes to indicate the occupation of the main provider in the victim's family unit.

Occupation	**Code**	**Definition**
Not in Labor Force	NLF	All persons not currently in the labor force student, housewife, etc.
Unemployed	UNE	Persons unable or unwilling to find suitable employment
Unskilled Labor	USK	Those jobs requiring little or no formal training or acquisition of specific skills janitor, waitress, day laborer, etc.
Skilled Labor	SKL	Requiring some degree of formal training or apprenticeship, trade school: plumber, mechanic, beautician, etc.
Business/Professional	BUS	High level of skills in dealing with people legal, medical, education, administration, etc.
Agriculture	AGR	Persons directly involved in production of agricultural products farmer, rancher, forester, farm laborer, etc.
Technical	TEC	High level of skills in dealing with industrial application draftsman, electronic technician, etc.
Other	OTH	Persons who cannot be related to above occupations
Unknown	UNK	Occupation of primary provider is unknown

51. *Date Finalized* – Enter the month, day, and year on which the worker completes the finalizing information.

52. *Findings (Non-CANRIS Cases Only)* – Enter one of the following two-character codes to indicate the primary type of case found as a result of the non-CANRIS investigation:

TR – Truancy
RU – Runaway
CH – Child in Need of Supervision
UN – Unmarried or School-Age Parent
CO – Court Ordered Social Study
OT – Other Type of Protective Service Needed
NO – No Need for Protective Services Found (Use only for invalid dispositions)

53. ***Disposition (DISP) (Non-CANRIS Cases Only)*** – Enter the appropriate three-letter code in the space provided to show the outcome of the non-CANRIS investigation.

Disposition	**Code**	**Definition**
Validated	VAL	Need for protective services has been substantiated
Invalidated	INV	Need for any type of protective services has been clearly ruled out
Uncertain	UNC	Actual need for protective services cannot be substantiated or completely ruled out, but there is sufficient evidence from the investigation to establish a reasonable doubt about the need for protective services
Potential	POT	Actual need for protective services cannot be substantiated, but there is enough evidence to identify that the need for protective services is likely to occur as a result of existing conditions in the home which seriously threaten the child's physical or emotional well-being
Family Moved	MOV	Family moved before any of the above dispositions were made

54. Reserved for future use. Do not complete.

55. Reserved for future use. Do not complete.

Section V – Last Reporting Worker Identification

Items 56 through 62 appear only on Form 2202-B, CANRIS Feedback Report. **These items are completed by the computer and will identify the last reporting worker. Corrections and updates of this information** must be made **in Section I of a blank Form 2202-A.**

56. ***Worker Last Name*** – **This item** contains the last name of the last reporting worker.

57. ***First Name*** – This item contains the first name of the last reporting worker.

58. ***Middle Initial (MI)*** – This item contains the middle initial of the last reporting worker.

59. ***Employee Number (EMP NO.)*** – This item contains the four-digit employee number of the last reporting worker.

60. ***Budgeted Job Number (BJN)*** – This item contains the eight-digit budgeted job number of the last reporting worker.

61. ***Mail Code*** – This item contains the office mail code of the last reporting worker.

62. Reserved for future use. Do not complete.

63. ***Page of Pages*** – Use this item to indicate number of pages of Part I when the number of reported individuals in the incident requires two or more pages of Part I. For example, if two pages are needed, enter **1** of **2** on the first page and **2** of **2** on the second page. When more than one page is needed, complete Items 1, 2, 3, 4 (for updates), 5, 6, 7, either 8 or 9, 10, 12, and 13 on the additional pages. Staple together all pages of a single report.

64. ***Worker Signature*** – The reporting worker must sign the form.

Part II – Intake Supplement

Presenting Problems – Briefly describe the presenting problems of the alleged abuse, neglect, truancy, runaway, children in need of supervision, unmarried or school-age parent, court-ordered social study, OTI, etc.

Is the Child in Immediate Danger – Check "Yes," "No," or "Possibly" to indicate whether the child is in immediate danger of being permanently harmed or losing his life.

Has a Doctor Seen the Child – Check "Yes" or "No" to indicate whether the child has been seen by a physician. If the child has been seen by a physician, enter the name of the doctor, date seen, and treatment given.

Is Immediate Removal/Placement Needed – Check "Yes," "No," or "Possibly" to indicate whether immediate removal of the child from his current situation is needed. If immediate removal is needed, state the reason.

Complainant – When possible, enter identifying information on the person who made the complaint, including name, phone number, address, and relationship to child.

Present/Previous Case Local Records/CANRIS Soundex Information – Enter notes on location, disposition of, or other pertinent information on any current or previous case(s) involving this client.

Action Taken

Worker Recommendation – The worker enters his recommendation for whether continued protective services are needed. The worker enters the reasons and the date of his recommendation.

Supervisor Decision – The supervisor notes whether the case is assigned for continued protective services. If yes, enter the name of the worker assigned. If no, enter the reason for not continuing protective services. Enter the date of the decision and supervisor's signature.

Form [illegible]
July [illegible]

CANRIS FEEDBACK REPORT

SECTION I – WORKER IDENTIFICATION

1 WORKER LAST NAME	2 FIRST NAME	3 MI
5 EMP NO	6 BJN	7 MAIL CODE ➤

4 CANRIS INCIDENT NO			
8 RPT	9 UD	10 SECURITY	RUN DATE

SECTION II – INCIDENT REPORT

B

11 DATE OCCURRED TO CHILD	12 DATE REPORTED TO DPW	13 TIME REPORTED TO DPW : AM PM	14

C

15 REPORTED INCIDENT TYPE A N B	16 REPORT METHOD PH MI	17 SOURCE OF REPORT	18

SECTION III – INDIVIDUAL INFORMATION

LN NO	20 LAST NAME	21 FIRST NAME	22 MI	23 BIRTHDATE	24 AGE	25 SEX	26 ETH	27 REL'SHIP	28 SSMS	29 ROLE
	30 STREET ADDRESS		31 CITY			32 ST	33 ZIP CODE		34 CNTY	35 SNDX REQ
36 DPW CLIENT NO	37 SOCIAL SECURITY NO	38 LA	39 CONS	40 CA	41 ABUSE TYPE	42 NEGLECT TYPE	43 FTL	44 PREV INC NO	45 LINE	

LN NO	20 LAST NAME	21 FIRST NAME	22 MI	23 BIRTHDATE	24 AGE	25 SEX	26 ETH	27 REL'SHIP	28 SSMS	29 ROLE
	30 STREET ADDRESS		31 CITY			32 ST	33 ZIP CODE		34 CNTY	35 SNDX REQ
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LN NO	20 LAST NAME	21 FIRST NAME	22 MI	23 BIRTHDATE	24 AGE	25 SEX	26 ETH	27 REL'SHIP	28 SSMS	29 ROLE
	30 STREET ADDRESS		31 CITY			32 ST	33 ZIP CODE		34 CNTY	35 SNDX REQ
36 DPW CLIENT NO	37 SOCIAL SECURITY NO	38 LA	39 CONS	40 CA	41 ABUSE TYPE	42 NEGLECT TYPE	43 FTL	44 PREV INC NO	45 LINE	

SECTION IV – FINALIZING INFORMATION

D

NON CANRIS ONLY: 52 FINDINGS, 53 DISP

46 FINDINGS	47 DISP	48 CRIM ACT	49 ANN'L INC	50 OCC	51 DATE FINALIZED	52 FINDINGS	53 DISP	54	55

SECTION V – LAST REPORTING WORKER IDENTIFICATION

E

56 WORKER LAST NAME	57 FIRST NAME	58 MI	59 EMP NO	60 BJN	61 MAIL CODE	62

63 PAGE OF PAGES

State of Texas
Department of Public Welfare

CANRIS FEEDBACK REPORT

PURPOSE

Form 2202-B, CANRIS Feeback Report, is printed by the computer from information supplied to the telecommunications terminal. Form 2202-B is mailed to the worker for confirmation of data on file. Form 2202-A, Children's Protective Services Intake and CANRIS Report, Part I, is used to update information on file.

State of Texas
Department of Public Welfare

Form 2203
April 1976

CANRIS CODE CARD

SOURCE OF REPORT

EPSDT
Doctor
Hospital
Clinic
Law
Public SA
DPW
Private SA
School
Child Care
Parent
Victim
Relative
Neighbor
Friend
Anonymous
Other

SEX

M	Male
F	Female

ETHNIC GROUP

AN	Anglo
BK	Black
MX	Mexican-American, Mexican, Chicano, Spanish-American
AI	American Indian
OR	Oriental
OT	Other

RELATIONSHIP

Code	Alias Code	
OV	OVA	Oldest Victim
FA	FAA	Natural Father
MO	MOA	Natural Mother
SF	SFA	Stepfather
SM	SMA	Stepmother
AF	AFA	Preconsummation Adoptive Father
AM	AMA	Preconsummation Adoptive Mother
FF	FFA	Foster Father
FM	FMA	Foster Mother
GF	GFA	Grandfather
GM	GMA	Grandmother
BR	BRA	Brother
SI	SIA	Sister
SB	SBA	Stepbrother
SS	SSA	Stepsister
AU	AUA	Aunt
UC	UCA	Uncle
OT	OTA	Other Relative
SC	SCA	School Personnel
DC	DCA	Day Care Personnel
IN	INA	Institutional Personnel
NO	NOA	None of the above
UN	UNA	Unknown

ROLE IN INCIDENT

VC	Victim
PR	Perpetrator
UK	Unknown
UC	Uncertain
NO	Not Involved

STATE

AR	Arkansas
LA	Louisiana
NM	New Mexico
OK	Oklahoma
TX	Texas

Any other state, use 2-letter code of U.S. Postal Service

LIVING ARRANGEMENT

01	Own Home
02	Relative's Home
03	Independent Living Arrangement
04	Adoptive Home
05	DPW Foster Family Home
06	Other Foster Family Home
07	DPW Foster Group Home
08	Other Foster Group Home
09	Emergency Shelter Foster Home
10	Emergency Shelter Foster Group Home
11	Emergency Shelter Institution
12	Public Child-Caring Institution
13	Private Child-Caring Institution
14	Public Institution for Mentally Retarded
15	Private Institution for Mentally Retarded
16	Public Institution for the Emotionally Disturbed
17	Private Institution for the Emotionally Disturbed

18	Public or Private Institution for Physically Handicapped
19	Public or Private Institution - for the Blind or Deaf
20	Detention or Correctional Facility
21	Maternity Home
22	Halfway House
23	State TB Hospital
24	Other Hospital
25	Nursing Home
33	Other
34	Unknown

CONSERVATORSHIP OF CHILD

NC	Not changed
DW	Placed with DPW
ND	Changed, not placed with DPW

COURT ACTION

NO	No petition filed
RR	Request to file refused
PF	Petition filed
PW	Petition withdrawn
CA	Conservator appointed
CN	Conservator not appointed

ABUSE TYPE

BONE	Bone Fracture
BRAI	Brain Damage
BRUI	Bruises
BURN	Burns
CONC	Concussion
CONF	Confinement
DISL	Dislocation
DISM	Dismemberment
EMOT	Emotional Abuse
EXPL	Exploitation
EXPO	Exposure
HEMA	Hematoma, Subdural
HEMR	Hemorrhage, Subdural
INTL	Internal Injuries
MALN	Malnutrition
POIS	Poisoning
SCAL	Scalding
SEXL	Sexual Abuse
SKUL	Skull Fracture
SPRA	Sprains
SUFF	Suffocation
WELT	Welts
WOUN	Wounds
NONE	None

NEGLECT TYPE

ABAN	Abandonment
EDUC	Educational
MEDI	Medical
PHYS	Physical
SUPE	Lack of Supervision
NONE	None

FINDINGS (CANRIS Reports Only)

A	Abuse
N	Neglect
B	Both Abuse and Neglect
C	Neither Abuse nor Neglect

FINDINGS (Non-CANRIS Reports Only)

TR	Truancy
RU	Runaway
CH	Child in Need of Supervision
UN	Unmarried or School-age Parent
CO	Court-Ordered Social Study
OT	Other Type of Protective Services Needed
NO	No Need for Protective Services

DISPOSITION

VAL	Validated
INV	Invalidated
UNC	Uncertain
POT	Potential Identified
MOV	Family Moved

CRIMINAL ACTION

NC	No charge filed
CF	Charges filed
CD	Charges dropped
HS	Hearing set
HP	Hearing postponed
IP	Hearing in process
PC	Perpetrator convicted
PA	Perpetrator acquitted

OCCUPATION

NLF	Not in Labor Force
UNE	Unemployed
USK	Unskilled
SKL	Skilled
BUS	Business/Professional
AGR	Agriculture
TEC	Technical
OTH	Other
UNK	Unknown

OTHER ADULTS

OTHER MALE ADULTS (RELATIONSHIP)	53	54		
AGE, ETHNICITY, ROLE	55	56	57	58
OTHER FEMALE ADULTS (RELATIONSHIP)	59	60		
AGE, ETHNICITY, ROLE	61	62	63	64

SIBLINGS

TOTAL NUMBER OF SIBLINGS	65	66
TOTAL FEMALE SIBLINGS	67	68
TOTAL MALE SIBLINGS	69	70
AGE OF OLDEST SIBLING	71	72
AGE OF YOUNGEST SIBLING	73	74
CONSERVATORSHIP OF SIBLINGS	75	
NUMBER IN CONSERVATORSHIP	76	
COURT ACTION	77	
SIBLINGS LIVING ARRANGEMENT IF NOT AT HOME	78	79

Identification Number | | | |

A. Incident Information

1. Date Occurred to Child						
2. Date Reported to DHR						
3. Time Reported to DHR						
4. Reported Incident Type						
5. Report Method						
6. Source of Report						

B. Finalizing Information

7. Findings					
8. Disposition					
9. Criminal Action					
10. Annual Family Income					
11. Occupation of Primary Provider					

CARD	YEAR		IDENTIFICATION NO.		
1	2	3	4	5	6

1.) TIME FATALITY INCIDENT OCCURRED 7 8 9 10

2.) CASE OPEN OR CLOSED AT TIME OF FATALITY INCIDENT? 11

3.) FIRST TIME INVOLVEMENT OF FAMILY WITH DHR? 12

4.) DHR INVOLVEMENT WITH FAMILY, BOTH AT TIME OF FATALITY INCIDENT, AND PRIOR TO INCIDENT

	YEAR		NO. MOS.	SERVICES										NO. CLIENT CONT.	NO. COLL CONT.
4.A)	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
4.B)	28	29	30	31	32	33	34	35	36	37	38	39	30	41	42
4.C)	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57

	FIRST YEAR		NO. MOS.	SERVICES										NO. CLIENT CONT.	NO. COLL. CONT.
4.D)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72

5.) DID DHR INVOLVEMENT PRIOR TO THE FATALITY INCIDENT DISCOVER POSSIBLE DANGER TO CHILD(REN) IN THE FAMILY?

YES-NO	YEAR		NO. CHILDREN	COURT ACTION
73	74	75	76	77

1	2	3	4	5	6
☐	☐	☐	☐	☐	☐
CARD	YEAR		IDENTIFICATION NO.		

6.) Involvement of other agencies with family at time of and prior to fatality incident.

	YEAR		NO. AGENCIES	SERVICES										NO. REF. TO DHR
	7	8	9	10	11	12	13	14	15	16	17	18	19	20
6.A)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	21	22	23	24	25	26	27	28	29	30	31	32	33	34
6.B)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	35	36	37	38	39	40	41	42	43	44	45	46	47	48
6.C)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

7.) Living arrangement of family at time fatality incident occurred. 49 ☐ 50 ☐

8.) Length of residence of family in community where fatality incident occurred (in months) 51 ☐ 52 ☐

9.) Are there other relatives of this family residing in the community? 53 ☐

10.) Length of time between infliction of injury and death 54 ☐

1	2 3	4 5 6
☐	☐☐	☐☐☐
CARD	YEAR	IDENTIFICATION NO.

11.) FATALTY VICTIMS:

VICTIMS

CHARACTERISTICS	OLDEST			YOUNGEST
AGE	7 8 ☐☐	9 10 ☐☐	11 12 ☐☐	13 14 ☐☐
SEX	15 ☐	16 ☐	17 ☐	18 ☐
SCHOOL STATUS	19 ☐	20 ☐	21 ☐	22 ☐
PHYSICAL HANDICAP	23 ☐	24 ☐	25 ☐	26 ☐
MENTAL HANDICAP	27 ☐	28 ☐	29 ☐	30 ☐
ABUSE TYPE	31 ☐	32 ☐	33 ☐	34 ☐
NEGLECT TYPE	35 ☐	36 ☐	37 ☐	38 ☐
RELATIONSHIP	39 40 ☐☐	41 42 ☐☐	43 44 ☐☐	45 46 ☐☐

12.) Other children (non-fatalities, non-perpetrators):

No. in school	No. out of school	No. with phys. hand.	No. w/ Ment. Hand.	No. Abused	No. Neglected
☐	☐	☐	☐	☐	☐
47	48	49	50	51	52

13.) Perpetrators:

Characteristics	Male Perpetrators		Female Perpetrators	
Relationship	53 ☐	54 ☐	55 ☐	56 ☐
Occupation	57 ☐	58 ☐	59 ☐	60 ☐
Employment Status	61 ☐	62 ☐	63 ☐	64 ☐
School Status	65 ☐	66 ☐	67 ☐	68 ☐
Prior Police Record	69 ☐	70 ☐	71 ☐	72 ☐
Physical Handicaps	73 ☐	74 ☐	75 ☐	76 ☐
Mental Handicaps	77 ☐	78 ☐	79 ☐	80 ☐

14.) Description of any other characteristics which might make the fatality victim(s) stand out from others:

15.) Description of any other characteristics which might make others in family stand out:

APPENDIX C

Master Listing of CANRIS Variables Considered for Study

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CODE BOOK AND FREQUENCIES FOR CHILD FATALITY STUDY


VAR LABELS            CANRIS01, CARD NUMBER/
                      CANRIS02, YEAR/
                      CANRIS03, CASE RECORD IDENTIFICATION NUMBER/
                      CANRIS04, TIME BETWEEN OCCURENCE AND DATE REPORTED/
                      CANRIS05, REPORTED INCIDENCE TYPE/
                      CANRIS06, REPORT METHOD/
                      CANRIS07, SOURCE OF REPORT/
                      CANRIS08, FINDINGS/
                      CANRIS09, DISPOSITION/
                      CANRIS10, CRIMINAL ACTION/
                      CANRIS11, FAMILY INCOME/
                      CANRIS12, OCCUPATION OF PRIMARY PROVIDER/
                      CANRIS13, AGE OF VICTIM IN MONTHS/
                      CANRIS14, SEX OF VICTIM/
                      CANRIS15, ETHNICITY OF VICTIM/
                      CANRIS16, VICTIM BIRTH ORDER/
                      CANRIS17, VICTIM CITY/
                      CANRIS18, VICTIM STATE/
                      CANRIS19, VICTIM COUNTY/
                      CANRIS20, VICTIM LIVING ARRANGEMENT/
                      CANRIS21, CONSERVATORSHIP OF VICTIM/
                      CANRIS22, COURT ACTION/
                      CANRIS23, TYPE OF ABUSE/
                      CANRIS24, TYPE OF NEGLECT/
                      CANRIS25, PREVIOUS INCIDENTS?/
                      CANRIS26, TYPE OF FATHER/
                      CANRIS27, FATHER AGE IN YEARS/
                      CANRIS28, FATHER ETHNICITY/
                      CANRIS29, FATHERS ROLE/
                      CANRIS30, TYPE OF MOTHER/
                      CANRIS31, MOTHERS AGE IN YEARS/
                      CANRIS32, MOTHER ETHNICITY/
                      CANRIS33, MOTHERS ROLE/
                      CANRIS34, OTHER MALE ADULT RELATIONSHIP/
                      CANRIS35, OTHER MALE ADULT AGE IN YEARS/
                      CANRIS36, OTHER MALE ADULT ETHNICITY/
                      CANRIS37, OTHER MALE ADULT ROLE/
                      CANRIS38, OTHER FEMALE ADULT RELATIONSHIP/
                      CANRIS39, OTHER FEMALE ADULT AGE IN YEARS/
                      CANRIS40, OTHER FEMALE ADULT ETHNICITY/
                      CANRIS41, OTHER FEMALE ADULT ROLE/
                      CANRIS42, TOTAL NUMBER OF SIBLINGS/
                      CANRIS43, NUMBER OF FEMALE SIBLINGS/
                      CANRIS44, NUMBER OF MALE SIBLINGS/
                      CANRIS45, AGE OF OLDEST SIBLING/
                      CANRIS46, AGE OF YOUNGEST SIBLING/
                      CANRIS47, CONSERVATORSHIP OF SIBLINGS/
                      CANRIS48, NUMBER IN CONSERVATORSHIP/
                      CANRIS49, COURT ACTION/
                      CANRIS50, SIBLINGS LIVING ARRANGEMENT IF NOT LIVING AT HOME/


    VALUE LABELS          CANRIS01, FILE001, FILE067, FILE113
                          (1) CARD # 1
                          (2) CARD # 2
                          (3) CARD # 3
                          (4) CARD # 4/
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CANRIS02, FILE002, FILE007, FILE021, FILE035, FILE049, FILE064,
FILE068, FILE070, FILE083, FILE096, FILE114
(03) NO CANRIS DATA
(00) MISSING
(65) 1965
(66) 1966
(67) 1967
(68) 1968
(69) 1969
(70) 1970
(71) 1971
(72) 1972
(73) 1973
(74) 1974
(75) 1975
(76) 1976
(77) 1977
(78) 1978/

CANRIS05, CANRIS08
(0) MISSING OR NA
(1) ABUSE
(2) NEGLECT
(3) ABUSE - NEGLECT
(4) NEITHER ABUSE NOR NEGLECT/

CANRIS06
(0) MISSING OR NA
(1) TELEPHONE
(2) MAIL/

CANRIS07
(00) MISSING OR NA
(01) EPSDT
(02) DOCTOR
(03) HOSPITAL
(04) CLINIC
(05) LAW
(06) PUBLIC SA
(07) DPW
(08) PRIVATE SA
(09) SCHOOL
(10) CHILD CARE
(11) PARENT
(12) VICTIM
(13) RELATIVE
(14) NEIGHBOR
(15) FRIEND
(16) ANONYMOUS
(17) OTHER/

CANRIS09
(0) MISSING OR NA
(1) VALIDATED
(2) INVALIDATED
(3) UNCERTAIN
(4) POTENTIAL IDENTIFIED
(5) FAMILY MOVED/

CANRIS10
(0) MISSING OR NA
(1) NO CHARGE FILED
(2) CHARGES FILED
(3) CHARGES DROPPED
(4) HEARING SET
(5) HEARING POSTPONED
(6) HEARING IN PROCESS
(7) PERPETRATOR CONVICTED
(8) PERPETRATOR ACQUITTED/
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CANRIS12
(0) MISSING OR NA
(1) NOT IN LABOR FORCE
(2) UNEMPLOYED
(3) UNSKILLED
(4) SKILLED
(5) BUSINESS-PROFESSIONAL
(6) AGRICULTURE
(7) TECHNICAL
(8) OTHER
(9) UNKNOWN/

CANRIS14, FILE120 TO FILE123
(0) MISSING
(1) MALE
(2) FEMALE/

CANRIS15, CANRIS28, CANRIS32, CANRIS36, CANRIS40
(0) MISSING
(1) ANGLO
(2) BLACK
(3) MEXICAN
(4) AMERICAN INDIAN
(5) ORIENTAL
(6) OTHER/

CANRIS17
(00) MISSING
(01) HOUSTON
(02) DALLAS
(03) SAN ANTONIO
(04) FORT WORTH
(05) EL PASO
(06) LUBBOCK
(07) AMARILLO
(08) CORPUS CHRISTI
(09) ABILENE
(10) AUSTIN/

CANRIS18
(0) MISSING
(1) TEXAS/

CANRIS20, FILE109
(00) MISSING OR NA
(01) OWN HOME
(02) RELATIVES HOME
(03) INDEPENDENT LIVING ARRANGEMENT
(04) ADOPTIVE HOME
(05) DPW FOSTER FAMILY HOME
(06) OTHER FOSTER FAMILY HOME
(07) DPW FOSTER GROUP HOME
(08) OTHER FOSTER GROUP HOME
(09) EMERGENCY SHELTER FOSTER HOME
(10) EMERGENCY SHELTER FOSTER GROUP HOME
(11) EMERGENCY SHELTER INSTITUTION
(12) PUBLIC CHILD CARING INSTITUTION
(13) PRIVATE CHILD CARING INSTITUTION
(14) PUBLIC INSTITUTION FOR MENTALLY RETARDED
(15) PRIVATE INSTITUTION FOR MENTALLY RETARDED
(16) PUBLIC INSTITUTION FOR THE EMOTIONALLY DISTURBED
(17) PRIVATE INSTITUTION FOR THE EMOTIONALLY DISTURBED
(18) PUBLIC OR PRIVATE INSTITUTION FOR PHYSICALLY HANDICAPPED
(19) PUBLIC OR PRIVATE INSTITUTION FOR THE BLIND OR DEAF
(20) DETENTION OR CORRECTIONAL FACILITY
(21) MATERNITY HOME
(22) HALFWAY HOUSE
(23) STATE TB HOSPITAL
(24) OTHER HOSPITAL
(25) NURSING HOME
(33) OTHER
(34) UNKNOWN/
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CANRIS21
(0) MISSING OR NA
(1) NOT CHANGED
(2) PLACED WITH DPW
(3) CHANGED, NOT PLACED WITH DPW
(4) SOME PLACED OTHERS NOT/

CANRIS22, FILE066
(0) MISSING OR NA
(1) NO PETITION FILED
(2) REQUEST TO FILE REFUSED
(3) PETITION FILED
(4) PETITION WITHDRAWN
(5) CONSERVATOR APPOINTED
(6) CONSERVATOR NOT APPOINTED/

CANRIS23, FILE136, FILE137
(00) MISSING OR NA
(01) BONE FRACTURE
(02) BRAIN DAMAGE
(03) BRUISES
(04) BURNS
(05) CONCUSSION
(06) CONFINEMENT
(07) DISLOCATION
(08) DISMEMBERMENT
(09) EMOTIONAL ABUSE
(10) EXPLOITATION
(11) EXPOSURE
(12) HEMATOMA, SUBDURAL
(13) HEMORRHAGE, SUBDURAL
(14) INTERNAL INJURIES
(15) MALNUTRITION
(16) POISONING
(17) SCALDING
(18) SEXUAL ABUSE
(19) SKULL FRACTURE
(20) SPRAINS
(21) SUFFOCATION
(22) WELTS
(23) WOUNDS
(24) NONE/

CANRIS24, FILE138 TO FILE141
(0) MISSING OR NA
(1) ABANDONMENT
(2) EDUCATIONAL
(3) MEDICAL
(4) PHYSICAL
(5) LACK OF SUPERVISION
(6) NONE/

CANRIS25
(0) MISSING OR NA
(1) NO
(2) YES/

CANRIS26
(0) NO FATHER OR MISSING
(2) FATHER
(4) STEPFATHER
(6) ADOPTED FATHER/
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```
CANRIS29, CANRIS33, CANRIS37, CANRIS41
(0) MISSING OR NA
(1) VICTIM
(2) PERPETRATOR
(3) UNKNOWN
(4) UNCERTAIN
(5) NOT INVOLVED/

CANRIS30
(0) MISSING OR NA
(3) NATURAL MOTHER
(5) STEPMOTHER
(7) ADOPTIVE MOTHER/

CANRIS38
(00) MISSING OR NA
(11) GRANDMOTHER
(12) BROTHER
(13) SISTER
(16) AUNT
(18) OTHER RELATIVE
(20) DAY CARE PERSONNEL
(22) NONE OF THE ABOVE
(23) UNKNOWN/

CANRIS47
(0) MISSING OR NA
(1) NOT CHANGED
(2) PLACED WITH DPW
(3) CHANGED, NOT PLACED WITH DPW
(4) SOME PLACED OTHERS NOT/

CANRIS49
(0) MISSING OR NA
(1) NO PETITION FILED
(2) REQUEST TO FILE REFUSED
(3) PETITION FILED
(4) PETITION WITHDRAWN
(5) CONSERVATOR APPOINTED
(6) CONSERVATOR NOT APPOINTED
(7) 2 OR MORE TYPES OF ACTION/

CANRIS50
(00) MISSING OR NA
(01) OWN HOME
(02) RELATIVE HOME
(05) DPW FOSTER FAMILY HOME
(24) OTHER HOSPITAL
(33) OTHER
(34) UNKNOWN/
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APPENDIX D

Master Listing of Case File Variables Considered for Study

APPENDIX D Master Listing of Case File Variables Considered for Study

CODE BOOK AND FREQUENCIES FOR CHILD FATALITY STUDY

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FILE001. CARD NUMBER/
FILE002. YEAR FATALITY OCCURRED/
FILE003. CASE RECORD IDENTIFICATION NUMBER/
FILE004. MILITARY TIME FATALITY OCCURRED/
FILE005. CASE OPEN AT TIME OF FATALITY?/
FILE006. FIRST TIME INVOLVEMENT OF FAMILY WITH DHR/
FILE007. YEAR DHR SERVICES PROVIDED TO FAMILY/
FILE008. MONTHS THIS YEAR DHR SERVICES PROVIDED/
FILE009. TYPE OF DHR SERVICE PROVIDED/
FILE010. TYPE OF DHR SERVICE PROVIDED/
FILE011. TYPE OF DHR SERVICE PROVIDED/
FILE012. TYPE OF DHR SERVICE PROVIDED/
FILE013. TYPE OF DHR SERVICE PROVIDED/
FILE014. TYPE OF DHR SERVICE PROVIDED/
FILE015. TYPE OF DHR SERVICE PROVIDED/
FILE016. TYPE OF DHR SERVICE PROVIDED/
FILE017. TYPE OF DHR SERVICE PROVIDED/
FILE018. TYPE OF DHR SERVICE PROVIDED/
FILE019. NUMBER CLIENT CONTACTS WITH DHR/
FILE020. NUMBER COLLATERAL CONTACTS BY DHR/
FILE021. YEAR DHR SERVICES PROVIDED TO FAMILY/
FILE022. MONTHS THIS YEAR DHR SERVICES PROVIDED/
FILE023. TYPE OF DHR SERVICE PROVIDED/
FILE024. TYPE OF DHR SERVICE PROVIDED/
FILE025. TYPE OF DHR SERVICE PROVIDED/
FILE026. TYPE OF DHR SERVICE PROVIDED/
FILE027. TYPE OF DHR SERVICE PROVIDED/
FILE028. TYPE OF DHR SERVICE PROVIDED/
FILE029. TYPE OF DHR SERVICE PROVIDED/
FILE030. TYPE OF DHR SERVICE PROVIDED/
FILE031. TYPE OF DHR SERVICE PROVIDED/
FILE032. TYPE OF DHR SERVICE PROVIDED/
FILE033. NUMBER CLIENT CONTACTS WITH DHR/
FILE034. NUMBER COLLATERAL CONTACTS BY DHR/
FILE035. YEAR DHR SERVICES PROVIDED TO FAMILY/
FILE036. MONTHS THIS YEAR DHR SERVICES PROVIDED/
FILE037. TYPE OF DHR SERVICE PROVIDED/
FILE038. TYPE OF DHR SERVICE PROVIDED/
FILE039. TYPE OF DHR SERVICE PROVIDED/
FILE040. TYPE OF DHR SERVICE PROVIDED/
FILE041. TYPE OF DHR SERVICE PROVIDED/
FILE042. TYPE OF DHR SERVICE PROVIDED/
FILE043. TYPE OF DHR SERVICE PROVIDED/
FILE044. TYPE OF DHR SERVICE PROVIDED/
FILE045. TYPE OF DHR SERVICE PROVIDED/
FILE046. TYPE OF DHR SERVICE PROVIDED/
FILE047. NUMBER CLIENT CONTACTS WITH DHR/
FILE048. NUMBER COLLATERAL CONTACTS BY DHR/
FILE049. FIRST YEAR OF DHR SERVICE IF MORE THAN THREE YEARS/
FILE050. MONTHS THIS YEAR DHR SERVICES PROVIDED/
FILE051. TYPE OF DHR SERVICE PROVIDED/
FILE052. TYPE OF DHR SERVICE PROVIDED/
FILE053. TYPE OF DHR SERVICE PROVIDED/
FILE054. TYPE OF DHR SERVICE PROVIDED/
FILE055. TYPE OF DHR SERVICE PROVIDED/
FILE056. TYPE OF DHR SERVICE PROVIDED/
FILE057. TYPE OF DHR SERVICE PROVIDED/
FILE058. TYPE OF DHR SERVICE PROVIDED/
FILE059. TYPE OF DHR SERVICE PROVIDED/
FILE060. TYPE OF DHR SERVICE PROVIDED/
FILE061. NUMBER CLIENT CONTACTS WITH DHR/
FILE062. NUMBER COLLATERAL CONTACTS BY DHR/
FILE063. DID DHR FIND CHILDREN IN DANGER PRIOR TO FATALITY/
FILE064. YEAR DHR FOUND CHILDREN IN DANGER PRIOR TO FATALITY/
FILE065. NUMBER CHILDREN IN DANGER/
FILE066. COURT ACTION REGARDING CHILDREN IN DANGER/
FILE067. CARD NUMBER/
FILE068. YEAR FATALITY OCCURRED/
FILE069. CASE RECORD IDENTIFICATION NUMBER/
FILE070. YEAR NON DHR SERVICES PROVIDED TO FAMILY/
FILE071. NUMBER OF NON DHR AGENCIES PROVIDING SERVICE/
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FILE072, TYPE OF NON DHR SERVICE PROVIDED/
FILE073, TYPE OF NON DHR SERVICE PROVIDED/
FILE074, TYPE OF NON DHR SERVICE PROVIDED/
FILE075, TYPE OF NON DHR SERVICE PROVIDED/
FILE076, TYPE OF NON DHR SERVICE PROVIDED/
FILE077, TYPE OF NON DHR SERVICE PROVIDED/
FILE078, TYPE OF NON DHR SERVICE PROVIDED/
FILE079, TYPE OF NON DHR SERVICE PROVIDED/

FILE080, TYPE OF NON DHR SERVICE PROVIDED/
FILE081, TYPE OF NON DHR SERVICE PROVIDED/
FILE082, NUMBER OF OTHER AGENCY REFERRALS OF FAMILY TO DHR/
FILE083, YEAR NON DHR SERVICES PROVIDED TO FAMILY/
FILE084, NUMBER OF NON DHR AGENCIES PROVIDING SERVICE/
FILE085, TYPE OF NON DHR SERVICE PROVIDED/
FILE086, TYPE OF NON DHR SERVICE PROVIDED/
FILE087, TYPE OF NON DHR SERVICE PROVIDED/
FILE088, TYPE OF NON DHR SERVICE PROVIDED/
FILE089, TYPE OF NON DHR SERVICE PROVIDED/
FILE090, TYPE OF NON DHR SERVICE PROVIDED/
FILE091, TYPE OF NON DHR SERVICE PROVIDED/
FILE092, TYPE OF NON DHR SERVICE PROVIDED/
FILE093, TYPE OF NON DHR SERVICE PROVIDED/
FILE094, TYPE OF NON DHR SERVICE PROVIDED/
FILE095, NUMBER OF OTHER AGENCY REFERRALS OF FAMILY TO DHR/
FILE096, YEAR NON DHR SERVICES PROVIDED TO FAMILY/
FILE097, NUMBER OF NON DHR AGENCIES PROVIDING SERVICE/
FILE098, TYPE OF NON DHR SERVICE PROVIDED/
FILE099, TYPE OF NON DHR SERVICE PROVIDED/
FILE100, TYPE OF NON DHR SERVICE PROVIDED/
FILE101, TYPE OF NON DHR SERVICE PROVIDED/
FILE102, TYPE OF NON DHR SERVICE PROVIDED/
FILE103, TYPE OF NON DHR SERVICE PROVIDED/
FILE104, TYPE OF NON DHR SERVICE PROVIDED/
FILE105, TYPE OF NON DHR SERVICE PROVIDED/
FILE106, TYPE OF NON DHR SERVICE PROVIDED/
FILE107, TYPE OF NON DHR SERVICE PROVIDED/
FILE108, NUMBER OF OTHER AGENCY REFERRALS OF FAMILY TO DHR/
FILE109, LIVING ARRANGEMENT OF FAMILY WHEN FATALITY OCCURRED/
FILE110, MONTHS OF RESIDENCE IN AREA WHERE FATALITY OCCURRED/
FILE111, RELATIVES OF FAMILY LIVING IN SAME AREA/
FILE112, THIS WAS LEFT BLANK/
FILE113, CARD NUMBER/
FILE114, YEAR FATALITY OCCURRED/
FILE115, CASE RECORD IDENTIFICATION NUMBER/
FILE116, AGE OF OLDEST FATALITY VICTIM/
FILE117, AGE OF SECOND OLDEST FATALITY VICTIM/
FILE118, AGE OF THIRD OLDEST FATALITY VICTIM/
FILE119, AGE OF YOUNGEST FATALITY VICTIM/
FILE120, SEX OF OLDEST FATALITY VICTIM/
FILE121, SEX OF SECOND OLDEST FATALITY VICTIM/
FILE122, SEX OF THIRD OLDEST FATALITY VICTIM/
FILE123, SEX OF YOUNGEST FATALITY VICTIM/
FILE124, SCHOOL STATUS OF OLDEST FATALITY VICTIM/
FILE125, SCHOOL STATUS OF SECOND OLDEST FATALITY VICTIM/
FILE126, SCHOOL STATUS OF THIRD OLDEST FATALITY VICTIM/
FILE127, SCHOOL STATUS OF YOUNGEST FATALITY VICTIM/
FILE128, PHYSICAL HANDICAP OF OLDEST FATALITY VICTIM/
FILE129, PHYSICAL HANDICAP OF SECOND OLDEST FATALITY VICTIM/
FILE130, PHYSICAL HANDICAP OF THIRD OLDEST FATALITY VICTIM/
FILE131, PHYSICAL HANDICAP OF YOUNGEST FATALITY VICTIM/
FILE132, MENTAL HANDICAP OF OLDEST FATALITY VICTIM/
FILE133, MENTAL HANDICAP OF SECOND OLDEST FATALITY VICTIM/
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FILE134, MENTAL HANDICAP OF THIRD OLDEST FATALITY VICTIM/
FILE135, MENTAL HANDICAP OF YOUNGEST FATALITY VICTIM/
FILE136, TYPE OF ABUSE INFLICTED ON OLDEST FATALITY VICTIM/
FILE137, TYPE OF ABUSE INFLICTED ON NEXT OLDEST FATALITY VICTIM/
FILE138, TYPE OF NEGLECT OF OLDEST FATALITY VICTIM/
FILE139, TYPE OF NEGLECT OF SECOND OLDEST FATALITY VICTIM/
FILE140, TYPE OF NEGLECT OF THIRD OLDEST FATALITY VICTIM/
FILE141, TYPE OF NEGLECT OF YOUNGEST FATALITY VICTIM/
FILE142, RELATIONSHIP TO OLDEST VICTIM/
FILE143, RELATIONSHIP TO OLDEST FATALITY VICTIM/
FILE144, RELATIONSHIP TO OLDEST FATALITY VICTIM/
FILE145, RELATIONSHIP TO OLDEST FATALITY VICTIM/
FILE146, NUMBER OF OTHER CHILDREN IN SCHOOL/
FILE147, NUMBER OF OTHER CHILDREN OUT OF SCHOOL/
FILE148, NUMBER OF OTHER CHILDREN WITH PHYSICAL HANDICAPS/
FILE149, NUMBER OF OTHER CHILDREN WITH MENTAL HANDICAPS/
FILE150, NUMBER OF OTHER CHILDREN WHO WERE ABUSED/
FILE151, NUMBER OF OTHER CHILDREN WHO WERE NEGLECTED/
FILE152, RELATIONSHIP OF MALE PERPETRATOR TO FATALITY VICTIM/
FILE153, RELATIONSHIP OF MALE PERPETRATOR TO FATALITY VICTIM/
FILE154, RELATIONSHIP OF FEMALE PERPETRATOR TO FATALITY VICTIM/
FILE155, RELATIONSHIP OF FEMALE PERPETRATOR TO FATALITY VICTIM/
FILE156, OCCUPATION OF MALE PERPETRATOR/
FILE157, OCCUPATION OF MALE PERPETRATOR/
FILE158, OCCUPATION OF FEMALE PERPETRATOR/
FILE159, OCCUPATION OF FEMALE PERPETRATOR/
FILE160, EMPLOYMENT STATUS OF MALE PERPETRATOR/
FILE161, EMPLOYMENT STATUS OF MALE PERPETRATOR/
FILE162, EMPLOYMENT STATUS OF FEMALE PERPETRATOR/
FILE163, EMPLOYMENT STATUS OF FEMALE PERPETRATOR/
FILE164, SCHOOL STATUS OF MALE PERPETRATOR/
FILE165, SCHOOL STATUS OF MALE PERPETRATOR/
FILE166, SCHOOL STATUS OF FEMALE PERPETRATOR/
FILE167, SCHOOL STATUS OF FEMALE PERPETRATOR/
FILE168, PRIOR POLICE RECORD OF MALE PERPETRATOR/
FILE169, PRIOR POLICE RECORD OF MALE PERPETRATOR/
FILE170, PRIOR POLICE RECORD OF FEMALE PERPETRATOR/
FILE171, PRIOR POLICE RECORD OF FEMALE PERPETRATOR/
FILE172, PHYSICAL HANDICAPS OF MALE PERPETRATORS/
FILE173, PHYSICAL HANDICAPS OF MALE PERPETRATORS/
FILE174, PHYSICAL HANDICAPS OF FEMALE PERPETRATORS/
FILE175, PHYSICAL HANDICAPS OF FEMALE PERPETRATORS/
FILE176, MENTAL HANDICAPS OF MALE PERPETRATORS/
FILE177, MENTAL HANDICAPS OF MALE PERPETRATORS/
FILE178, MENTAL HANDICAPS OF FEMALE PERPETRATORS/
FILE179, MENTAL HANDICAPS OF FEMALE PERPETRATORS/
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VALUE LABELS     CANRIS01, FILE001, FILE067, FILE113
                 (1) CARD # 1
                 (2) CARD # 2
                 (3) CARD # 3
                 (4) CARD # 4/


 . CANRIS02, FILE002, FILE007, FILE021, FILE035, FILE049, FILE064,
   FILE068, FILE070, FILE083, FILE096, FILE114
   (00) NO CANRIS DATA
   (00) MISSING
   (65) 1965
   (66) 1966
   (67) 1967
   (68) 1968
   (69) 1969
   (70) 1970
   (71) 1971
   (72) 1972
   (73) 1973
   (74) 1974
   (75) 1975
   (76) 1976
   (77) 1977
   (78) 1978/


    FILE005, FILE006, FILE111, FILE063
    (1) YES
    (2) NO/

    FILE008, FILE022, FILE036, FILE050
    (1) 00-03 MONTHS
    (2) 04-06 MONTHS
    (3) 07-09 MONTHS
    (4) 10-12 MONTHS/

    FILE009 TO FILE018, FILE023 TO FILE032, FILE037 TO FILE046,
    FILE051 TO FILE060
    (0) MISSING OR NA


    CANRIS20, FILE109
    (00) MISSING OR NA
    (01) OWN HOME
    (02) RELATIVES HOME
    (03) INDEPENDENT LIVING ARRANGEMENT
    (04) ADOPTIVE HOME
    (05) DPW FOSTER FAMILY HOME
    (06) OTHER FOSTER FAMILY HOME
    (07) DPW FOSTER GROUP HOME
    (08) OTHER FOSTER GROUP HOME
    (09) EMERGENCY SHELTER FOSTER HOME
    (10) EMERGENCY SHELTER FOSTER GROUP HOME
    (11) EMERGENCY SHELTER INSTITUTION
    (12) PUBLIC CHILD CARING INSTITUTION
    (13) PRIVATE CHILD CARING INSTITUTION
    (14) PUBLIC INSTITUTION FOR MENTALLY RETARDED
    (15) PRIVATE INSTITUTION FOR MENTALLY RETARDED
    (16) PUBLIC INSTITUTION FOR THE EMOTIONALLY DISTURBED
    (17) PRIVATE INSTITUTION FOR THE EMOTIONALLY DISTURBED
    (18) PUBLIC OR PRIVATE INSTITUTION FOR PHYSICALLY HANDICAPPED
    (19) PUBLIC OR PRIVATE INSTITUTION FOR THE BLIND OR DEAF
    (20) DETENTION OR CORRECTIONAL FACILITY
    (21) MATERNITY HOME
    (22) HALFWAY HOUSE
    (23) STATE TB HOSPITAL
    (24) OTHER HOSPITAL
    (25) NURSING HOME
    (33) OTHER
    (34) UNKNOWN/
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CANRIS22, FILE066
(0) MISSING OR NA
(1) NO PETITION FILED
(2) REQUEST TO FILE REFUSED
(3) PETITION FILED
(4) PETITION WITHDRAWN
(5) CONSERVATOR APPOINTED
(6) CONSERVATOR NOT APPOINTED/

CANRIS23, FILE136, FILE137
(00) MISSING OR NA
(01) BONE FRACTURE
(02) BRAIN DAMAGE
(03) BRUISES
(04) BURNS
(05) CONCUSSION
(06) CONFINEMENT
(07) DISLOCATION
(08) DISMEMBERMENT
(09) EMOTIONAL ABUSE
(10) EXPLOITATION
(11) EXPOSURE
(12) HEMATOMA, SUBDURAL
(13) HEMORRHAGE, SUBDURAL
(14) INTERNAL INJURIES
(15) MALNUTRITION
(16) POISONING
(17) SCALDING
(18) SEXUAL ABUSE
(19) SKULL FRACTURE
(20) SPRAINS
(21) SUFFOCATION
(22) WELTS
(23) WOUNDS
(24) NONE/

CANRIS24, FILE138 TO FILE141
(0) MISSING OR NA
(1) ABANDONMENT
(2) EDUCATIONAL
(3) MEDICAL
(4) PHYSICAL
(5) LACK OF SUPERVISION
(6) NONE/


FILE124 TO FILE127
(0) MISSING OR NA
(1) PRESCHOOL
(2) HEAD START STUDENT
(3) K-3
(4) 4-6
(5) 7-9
(6) 10-12
(7) SCHOOL DROPOUT
(8) UNKNOWN
(9) OTHER/

FILE128 TO FILE131, FILE172 TO FILE175
(0) MISSING OR NA
(1) DEAF
(2) BLIND
(3) AMPUTEE
(4) CEREBRAL PALSY
(5) BIRTH DEFECT
(6) OTHER/
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FILE164 TO FILE167
(0) MISSING OR NA
(1) IN SCHOOL
(2) SCHOOL DROPOUT
(3) HIGH SCHOOL GRADUATE GED
(4) COLLEGE
(5) BA
(6) MASTERS AND ABOVE/

FILE142 TO FILE145
(00) MISSING OR NA
(01) OLDEST VICTIM
(02) BROTHER
(03) SISTER
(04) STEPBROTHER
(05) STEPSISTER
(06) AUNT
(07) UNCLE
(08) OTHER RELATIVE
(09) UNKNOWN
(10) NONE OF ABOVE/

FILE152 TO FILE155


(0) MISSING OR NA
(1) PARENT
(2) STEPPARENT
(3) SIBLING
(4) STEPSIBLING
(5) OTHER RELATIVE
(6) ADOPTIVE-FOSTER PARENT
(7) PARENTS PARAMOUR
(8) DAY CARE-SCHOOL PERSONNEL
(9) NO OR UNKNOWN RELATION/

FILE156 TO FILE159
(0) MISSING OR NA
(1) UNSKILLED LABOR
(2) SKILLED LABOR
(3) BUSINESS-PROFESSIONAL
(4) AGRICULTURE
(5) TECHNICAL
(6) MILITARY-ENLISTED
(7) MILITARY-OFFICER
(8) UNKNOWN
(9) OTHER/

FILE160 TO FILE163
(0) MISSING OR NA
(1) NOT IN LABOR FORCE
(2) UNEMPLOYED - RECEIVING BENEFITS
(3) UNEMPLOYED - NOT RECEIVING BENEFITS
(4) AFDC RECIPIENT
(5) EMPLOYED PART TIME - RECEIVING NO INCOME ASSISTANCE
(6) EMPLOYED FULL TIME/

FILE168 TO FILE171
(0) MISSING OR NA
(1) MISDEMEANORS
(2) FELONY CONFICTION - SERVED TIME
(3) PROBATION
(4) NONE/
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FILE132 TO FILE135, FILE176 TO FILE179
(0) MISSING OR NA
(1) EMOTIONALLY DISTURBED
(2) MENTALLY ILL
(3) MENTALLY RETARDED
(4) LEARNING DISABILITY
(5) SPECIAL EDUCATION STUDENT
(6) OTHER/

FILE072 TO FILE081, FILE085 TO FILE094, FILE098 TO FILE107
(0) MISSING OR NA
(1) EMPLOYMENT SERVICE
(2) EDUCATIONAL SERVICE
(3) HEALTH RELATED SERVICE
(4) POLICE
(5) COURTS
(6) FAMILY COUNSELLING
(7) MHMR SERVICE
(8) HOUSING
(9) SCHOOL RELATED SERVICE/
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APPENDIX E

Annotated Bibliography of Infanticide and Child Abuse and Neglect Literature

Button, J.H., and Reivich, R.S. Obsessions of infanticide. Archives of General Psychiatry, 1972, 27, 235-240.

Objective of Article

Study of 42 psychiatric patients for whom obsessions of infanticide were a central psychopathologic feature. The authors evaluate character predispositions and possible clues to the actual enactment of the obsessions.

Methodology

Literature survey, study of the 42 cases.

Findings

The literature is vague on the relationship between infanticidal impulses and action. This is probably because there has been a general axiom in the field that obsessions replace action. The authors cite an article by McDermaid and Winkler (1955) which suggests that infanticide as a result of depression may be an exception to that rule. "The depressive state weakened the ego with a resultant blurring of boundaries between self and baby. Suicidal impulses - a function of the depression - were then displaced to the infant." (p. 239)

The 42 patients were broadly divided into two groups: A schizophrenic group "with bizarre and paranoid ideation....as well as a tendency to impulsive action...but with only moderately high drive energy available for such action." (p. 237) The second group were depressed or characterized by obsessions, with or without evidence of "idiosyncratic or unusual thought content." (p. 237)

Several predisposing features were mentioned: (1) character disorders, such as obsessive-compulsive personality, schizoid personality, passive-aggressive personality, sociopathology, inadequate personality, hysteria or paranoia; (2) stressful life situations (childbirth, menopause, acute hyperthyroidism, recent infectious illness) and (3) psychosocial stress (marital conflict, increased maternal responsibility, death of a supportive person, illness of the child, financial problems).

There were two main classes of character predisposition among the 42 patients. Members of one group, usually diagnosed as obsessive - compulsive personalities were "rigid, overcontrolled, and constricted in emotional expressivity, but essentially well organized, reliable, and conscientious in their pre-morbid state. These were people given to utilizing mainly the defenses of repression, reaction-formation, displacement, and isolation." (p. 239) The other group exhibited more severe pathology and members were "considerably more chaotic in their life style and manifested poor impulse control, mixed psychopathologic conditions...and defensive operations that were more primitive than those of the former group, with excessive projection, denial, splitting, and prominent projective identification." (p. 239) The first group showed "depression and increased ruminativeness progressing to frank obsessionalism with failure to repress ego-dystonic infanticidal thoughts." (p. 239) The second group showed typical acute schizophrenia.

Conclusions

The authors conclude with a warning to professionals to be aware of persistent overconcern for the well-being of the child, which may indicate underlying depression or schizophrenia, or both.

Button and Reivich suggest that there are two entirely different sets of literature on the subject, one on infanticide and one on obsessions of infanticide.

Feinstein, H.M., Paul, N., and Esmial, P. Group therapy for mothers with infanticidal impulses. American Journal of Psychology, 1964, 120, 882-886.

Objective of Article

The authors are exploring the hypothesis that mothers who present infanticidal thoughts as a significant part of their psychopathology have biographical and other characteristics in common.

Methodology

The data for the study were case records and the first 80 hours of group therapy with six women. The only criterion for selection into the group was the presence of an *impulse* to harm their children. Two of the group members dropped out of the therapy early, leaving four. The group leader was a psychoanalytically oriented psychiatrist.

Findings

Feinstein reports that the women expressed a strong feeling of resentment toward their mothers for not meeting their dependency needs during childhood. Typically the group members had at least one parent who had uncontrolled outbursts of temper. The women expressed intense hatred for men. Some related this to rivalry with male siblings. As a result, the women had premarital love affairs or chose marriage partners impulsively. Another characteristic was the inclination to seek maternal care from their mates. They formed relationships with men who were overtly homosexual or who willingly assumed the feminine role.

Feinstein describes a continuum of psychopathology in the group ranging from women who were diagnosed obsessional neurotics on one end of the scale to the impulsive character disorders or borderline psychotics on the other. The major focus of the mothers' rage was a male child. The child was seen unrealistically as a male adult.

Conclusions

The Feinstein article is presented because it is often quoted in the literature. The weaknesses of the study are obvious. None of the subjects are known child abusers; they admit to infanticidal impulses. Also, the sample is so small that it almost defies generalizations.

Harder, T. The psychopathology of infanticide. *Acta Psychiatrica Scandinavica*, 1967, *43*, 196-245.

Objective of Article

A study of the psychodynamics of infanticide.

Methodology

Literature review and case study. Harder studies cases of 19 persons in Denmark who killed a child under the age of 15 but who did not kill an adult at the same time. The author justifies such a small sample by stating that most perpetrators commit suicide and therefore are not available for psychiatric evaluation afterward.

Findings

The author questions the theory (held by Resnick and others) of altruism as a motive for infanticide. He argues (and cites supporting opinions) that most such murders can be traced to either an unconscious desire to be rid of the child or to aggressive feelings toward the perpetrator's self, including the child, which is seen as an extension of the self. Most parents in this situation state that murder was best for the child; the author believes that the parent actually perceived murder to be the best way out of his own dilemma. While many such parents have shown exceptional love and overconcern for the child, the author states that a "primary rejection" of the child is usually the more basic motive. Often these parents have been incapable of establishing a giving relationship with the child. The parent is unable to fulfill the nurturing role and may have the same sort of relationship with the spouse.

Harder argues that one reason many authorities cite altruism as a motive is the role which society has assigned women and the fact that people are not willing to believe that some women could kill their children simply because they were not wanted. ". . . the concept of women as devoted mothers is so deep-rooted that, no matter what a mother does to her children, it is comprehended as an expression of love." (p. 241)

Conclusions

This annotation is a superficial analysis of a much more complex article. The author goes into detailed analysis of each case study. The value to the average social worker is doubtful unless the person is trained in psychiatry and is able to understand technical jargon.

The case study analysis is uneven; the author does not discuss the same elements of each case. It is therefore impossible to determine the extent to which the perpetrators share common background and psychological characteristics.

Kaplun, D. and Reich, R. The murdered child and his killers. *American Journal of Psychiatry*, 1976, *133*, 809-813.

Objective of Article

Study of 112 cases of child murder in New York City during 1968-69. The purpose was to investigate social and psychological factors, the fates of siblings who survived, and the extent to which the families had been involved with social service agencies.

Methodology

Case study.

Findings

The usual background of families in which child murder occurs is one of poverty and violence. The families have much psychopathology including assaultive conduct, criminality, alcoholism and drug addiction, and overt psychosis. The authors question the "target child" theory, at least in cases of infanticide. They found that abuse of other children and of the spouse often occurs before and after the murder. The parents are usually very unreceptive to psychotherapy. The authors advise professionals to watch for young, poor, unwed mothers when one or more of the following factors is also present:

1. An adult in the home with a history of assaultiveness toward children or adults; or involvement with crime, drugs, or alcohol; or periods of impulsive rage.
2. An unwanted pregnancy, where neglect or abuse is already present.
3. A marriage marked by discord and physical violence.
4. A mother who is casually promiscuous or a prostitute.
5. A failure or delay in using available medical facilities for an injured child.

6. A hostile relationship with neighbors or relatives, or avoidance of those people.

Conclusions

This article contains more concrete conclusions than most. However, the use of such conclusions should be guarded, in view of the relatively small group of people studied.

Myers, S.A. The child slayer. Archives of General Psychiatry, 1967, 17, 211-213.

Objective of Article

The article presents the findings of a survey of child homicides in Detroit over a 25 year period.

Methodology

The author reviewed homicide cases from the files of the Detroit Police Department for the period from September 1940 to September 1965. Preadolescent children were victims in 134 cases.

Findings

There were no outstanding sexual or racial characteristics among the victims. A parent was responsible for 60% of the deaths, and mothers alone accounted for 42% of the total number of slayings. Assault and asphyxiation were the most common methods by which victims met their deaths. Assault was frequently used by male perpetrators while asphyxiation was the method most frequently used by mothers. Fathers and other male assailants killed most frequently during an explosive rage reaction. Psychosis in the assailant was the single most common factor precipitating the murder. The psychoses were rather evenly divided between schizophrenic illness and psychotic depression. Only three of the children were sexually molested.

The author comments that many deaths are not detected as infanticide. He questions many deaths which appear to be accidental (fuel oil which is kept in a soda pop bottle), but which may be unconsciously motivated by a desire to destroy the child. He calls for investigation of more crib deaths as being possible cases of infanticide.

Conclusions

The utility of this article is limited by the lack of analysis of the descriptors.

Myers, S.A. Maternal filicide. American Journal of Diseases of Children, 1970, 120, 534-536.

Objective of Article

A study of the psychological characteristics of mothers who kill their children.

Methodology

Literature review and case studies.

Findings

The author warns readers to consider the possibility of potential infanticide in mothers who are severely depressed or schizophrenic. Professionals should watch for these symptoms in a depressed mother: anxiety, insomnia, a preoccupation with her own sinfulness or worthlessness, a rejection of the child through neglect or inappropriate over-attention, or viewing the child as an extension of the self who needs to be rescued from a hostile world. Symptoms in a high-risk schizophrenic mother would be her viewing the child as an extension of herself or seeing the child as defective.

The author advises professionals to heed threats of harming or killing the child. Psychiatrists have traditionally believed that such obsessive thoughts are usually not acted upon, but there is evidence that infanticide may be an exception.

Conclusions

The article is valuable because it contains specific symptoms which would justify close supervision of the home situation.

Resnick, P.J. Child murder by parents: a psychiatric review of filicide. *American Journal of Psychiatry*, 1969, *126*, 325-334.

Objective of Article

Dr. Resnick's purpose in writing the article was to present the collective understanding of the psychodynamics of filicide. He also proposes a new classification of filicide.

Methodology

The world literature on child murder from 1751 to 1967 was reviewed; relevant articles were found in 13 languages. The paper reports on 131 cases of filicide, which Resnick operationally defined as the killing of a son or daughter older than 24 hours.

Findings

The child murderers included 88 mothers and 43 fathers. Mothers ranged in age from 20 to 50 years of age, whereas most of the fathers were between 25 and 35. Most of the mothers and all but one of the fathers were married. The victims ranged in age from a few days to 20 years of age and were at greatest risk during the first six months of life. Fathers beat and stabbed their victims while mothers drowned or suffocated theirs.

Resnick developed a classification for the filicides by apparent motive:

1. The *altruistic filicide*, done in association with suicide or to relieve the victim of suffering.
2. The *acutely psychotic filicide*, completed under the influence of delirium, epilepsy or hallucinations.
3. The *unwanted child filicide*, carried out due to illegitimacy, extramarital paternity, or financial pressures.

4. The accidental filicide, closely akin to the battered child syndrome where death is the unintended outcome of child battery.

5. The spouse revenge filicide, done to deliberately bring suffering to the marital partner.

Conclusions

Resnick's article should be on the required reading list for protective service workers and family physicians in order that they might be alerted to the symptoms exhibited by potential child murderers. One of his more shocking findings was that over 40% of the murdering parents were seen by a psychiatrist or other physician shortly before their crimes.

Resnick, P.J. Murder of the newborn: a psychiatric review of neonaticide. American Journal of Psychiatry, 1970, 126, 1414-1420.

Objective of Article

The author's thesis is that people who murder their children during the first twenty-four hours of life (neonaticide) are different than people who murder children older than twenty-four hours.

Methodology

Literature review with some case studies. The author compares women who committed the two types of infanticide-neonaticide and filicide.

Findings

Most neonaticides are committed to be rid of an unwanted child. Illegitimacy is the primary motive. Unmarried women who commit the crime tend to fall into two categories: (1) " . . . young, immature, passive women who submit to, rather than initiate sexual relations. They often deny their pregnancy and premeditation is rare." (2) Those who " . . . have strong instinctual drives and little ethical restraint. They tend to be older, more callous, and are often promiscuous."

The author found that most of the cases he studied fell into the first group. Passivity is probably the key to whether a woman would seek an abortion or commit neonaticide. More assertive women would be quicker to recognize the problem and seek an immediate solution. Passive women would deny pregnancy and avoid seeking a solution.

Conclusions

It is doubtful that the psychological profile Resnick provides could help predict and prevent neonaticides, since authorities probably would not have contact with the family after the deed is accomplished.

Rodenburg, M. Child murder by a depressed mother: a case report. Canadian Psychiatric Association Journal, 1971, 16,49-53.

Objective of Article

Rodenburg feels there are certain etiological factors associated with child murder which, if they were recognized in time, might help to anticipate and prevent such tragedies.

Methodology

The author presents a case study of a 35-year-old mother who strangled her four-year-old daughter.

Findings

Rodenburg's diagnosis of Mrs. K was that she suffered from a psychotic depression and her personality make-up was of the obsessive-compulsive type. But even in light of his psycho-pathological understanding, the act itself remained incomprehensible. The prognosis for her recovery was unclear.

Conclusions

When parents suffer a severe depressive illness, children may be at risk. When parents are actively suicidal, the risk is grave.

Rodenburg, M. Child murder by depressed parents. Canadian Psychiatric Association Journal, 1971, 16, 41-48.

Objective of Article

Author believes that depression combined with other factors makes a parent more likely to commit infanticide. Those other factors are identified.

Methodology

Literature survey and case study. The author studied 114 victims, sixteen years of age or less, in Canada between the years 1964 and 1968.

Findings

There were 141 incidents of child murder reported with a total of 189 victims. Parents committed 54% of the murders and involved 114 child victims. Of the parents, 41 were mothers and 55 fathers. None of the mothers killed a spouse; 29% committed suicide, 12% attempted suicide. Sixty percent of the fathers committed suicide and six percent made attempts. Forty percent killed both children and wife. There was a slight (though statistically insignificant) tendency for the father to be the murderer in cases of child victims over six years of age. Fathers tended to kill boys, mothers to kill girls. Strangling was the method most commonly used by mothers; fathers usually killed by shooting.

When depression is accompanied by other factors, the risk of infanticide increases. Those factors include: (a) a certain personality structure, (b) an inability to handle aggression, probably learned from a parent with the same problem, (c) a possible relationship between (a) and (b), and (d) an inability to provide nurturance to the child. According to Rodenburg, "The depressive state weakens the ego functions, suicidal tendencies become manifest, and the child that is considered part of the person's own body is the victim of self-destruction" (p. 47).

Conclusions

Rodenburg's article seems to be two independent papers. The transition from the demographic aspects of child murder to the effects of depression on homicide is lacking.

Scott, P.D. Parents who kill their children. Medicine, Science and the Law, 1973, 13, 120-126.

Objective of Article

The author's objective is to discover what types of people are driven to kill their children. Much of the article is a critique of the cateoories set out by Resnick in 1969.

Methodology

Literature survey and case studies.

Findings

Scott criticizes Resnick's classifications based on motive as being too subjective. He believes that altruistic murders should be divided into those which are based on reality and are truly altruistic, as in the case of mercy killings, and those which are based on delusion. He argues that there should be separate categories for parents killing under the influence of acute psychosis and those in acute emotional states, and that the motive of revenge against a spouse is difficult to determine and is probably operating with other factors.

Scott's classification of motives for infanticide are:

1. Elimination of an unwanted child by assault or neglect.
2. Mercy-killing (real suffering on the part of the victim and no clear gain for the parent).
3. Gross mental pathology.
4. Murder stimulated by factors other than characteristics of the victim (displacement of anger, to prevent loss of a love object, to avoid loss of status, etc.).
5. Murder stimulated by characteristics of the victim,which includes the battering parent.

Scott also discusses two types of aggression. One is learned by imitation and positive reinforcement. This is probably the most common source. It includes the repeated assaults of a battering parent, and only rarely results in death, because the aggressor is aware of his or her limits. The second type of aggression may be a response to frustration.

It is usually a single impulsive act by a normally quiet and over-inhibited person which results in murder more often than in the other classification. Scott argues that many murderers are acting on a primitive level aggravated by long periods of frustration and indecision. For such people, attributing their behavior to sophisticated motives such as altruism or spouse revenge may be inappropriate.

Conclusions

If Scott's conclusions are correct, that the person most likely to kill is the quiet, over-controlled personality, then the social worker's goal of prediction may be impossible. That type of person will probably not arouse the suspicion of neighbors or social welfare agencies until the deed is accomplished.

Berdie, J., Baizerman, M., and Lourie, I.S. Violence towards youth: themes from a workshop. Children Today, 1977, 6, 7-10; 35.

Objective of Article

The author postulates that violence towards adolescents is no more a new phenomenon than violence towards young children. Very little knowledge about rate of incidence, patterns, or victims exists regarding violence against adolescents. The article reports on a two-day workshop held at the University of Minnesota in December 1975, whose purpose was to discover more about this phenomenon.

Methodology

The article reports the findings of a series of presentations to the workshop participants. A bibliography with 21 citations is included.

Findings

Five major perspectives of adolescent abuse were discussed at the workshop: historical perspective, extension of child abuse and neglect, adolescent development, the family system and contemporary social context. Dr. ten Bensel of the University of Minnesota presented an adaptation of Kempe and Helfer's child abuse model to adolescent abuse. Ten Bensel's model is as follows: 1) perpetrators who are experiencing stress in their own lives, 2) adolescents whose behavior adds to the stress felt by the perpetrator, (This behavior is usually an expression of normal developmental difficulties, but it is annoying and antisocial.) and, 3) a specific situation which exacerbates both the adolescent's behavior and the perpetrator's stress.

Conclusions

The article is particularly enlightening when it presents clues of massive under-reporting of child abuse. One reference was to an unpublished study from Colorado which "documented" that 84% of a juvenile detention center's population had been abused in early childhood and none of the situations had been reported to authorities at the time of occurence.

Blumberg, M.L. Psychopathology of the abusing parent. American Journal of Psychotherapy, 1974, 28, 21-29.

Objective of Article

The author contends that child abuse has reached epidemic proportions. He analyzes the psychopathology of abusing parents and concludes that many abusing families can be rehabilitated.

Methodology

Dr. Blumberg presents a literature review citing well-known figures in the field of child abuse: Kempe, Helfer, and Fontana, among others.

Findings

Dr. Blumberg feels that three misconceptions must be dispelled regarding child abusing parents. First, there is no maternal instinct that provides the biological parent with automatic catharsis toward her infant. Secondly, psychosis is rarely a factor in child abuse. Finally, instead of considering violence as some form of biological instinct, violence (particularly against children) must be viewed as rooted in culturally determined practices, such as child rearing, and cultural exposure to brutality in the media. Blumberg briefly examines the various typologies of abusing parents, the parent-child relationship and the individual child's contribution to the abuse. He concludes the article with a brief discussion of treatment approaches. It is his belief that 50-80 percent of all abusing families are amenable to treatment.

Conclusions

Dr. Blumberg presents a good quality introduction to the subject of child abuse in a very few pages. The exprienced protective services worker, however, is not likely to discover any new insights in this article.

Davoren, E. Working with child abuse: a social worker's view. Children Today, 1975, 4, 38-43.

Objective of Article

Davoren advocates treatment of abusing parents and children as a unit in need of help, rather than as a perpetrator and a victim.

Methodology

Davoren is a psychiatric social worker who has worked in the field of child abuse since 1960. This paper relates experience gained from her years of work. No data are presented.

Findings

Davoren believes abusing parents are merely raising their children as they themselves were raised. She feels that battering parents were taught very potent lessons by their parents:

1) Their survival depended upon their ability to conform to their parents' wishes.

2) Role reversal. They would not be cuddled or loved, but would be expected to reassure and comfort their parents.

3) They were not good and deserved to be hurt.

4) Their parents could not see what their needs were.

5) Having children is a way for parents to be taken care of.

6) Children must be punished to achieve desired results.

7) The day would come when they could release stored up hostility without fear of reprisal.

Conclusions

Davoren's work obviously reflects her long association with Steele, Helfer and Kempe et al. She has a limited view of the causation of abuse, and as a result, her work has limited applicability for intervention.

Flynn, W.R. Frontier justice: a contribution to the theory of child battery. American Journal of Psychiatry, 1970, 127, 151-155.

Objective of Article

Dr. Flynn believes there has been too much emphasis placed on childhood experience to explain the behavior of abusing parents. He uses two cases to demonstrate his belief that abuse is the result of defective defense structures of the ego.

Methodology

Dr. Flynn presents two case histories and a limited bibliography of six entries.

Findings

Neither of Dr. Flynn's two cases were psychotic, sociopathic, or retarded and neither had a history of abuse as children. What appears to have permitted these women to abuse their children was their reliance on the ego-defense mechanisms of repression, denial, and projection.

Conclusions

Any attempt to generalize from a study with so few cases is hazardous at best. As a result this article adds little to the accumulated knowledge regarding child abuse.

Fontana, V.J. Which parents abuse children? Medical Insight, 1971, 3, 195-199.

Objective of Article

Dr. Fontana's article is an attempt to alert other physicians to the problem of child abuse.

Methodology

The article is a result of Dr. Fontana's experience in the field of child abuse. Some statistics of reported cases in New York City are offered and one case history is reported. Eight other articles or books are cited.

Findings

Dr. Fontana believes that abusing parents exhibit at least some of the following characteristics: impulsive personality, a low frustration level, immaturity, lack of affect psychosis, alcoholism, drug addiction, and a history of abuse in their own childhood. Dr. Fontana goes on to describe characteristics of the child and the nature of its injuries which should help an attending physician make the diagnosis of child abuse.

Conclusions

The article provides medical staff with an introduction to the subject of child abuse.

Goldston, R. Observations on children who have been physically abused and their parents. American Journal of Psychiatry, 1965, 122, 440-443.

Objective of Article

The report summarizes Goldston's observations of 60 cases of child abuse over a period of five years.

Methodology

Material for the study was gathered as a part of the author's psychiatric consultation on cases of child abuse admitted to the Boston Children's Hospital Medical Center. No bibliography is included.

Findings

The children ranged in age from three months to three and one-half years. None of them had sufficient verbal or motor skills to be considered truly capable of provocational behavior. There was no particular ethnic, social or economic distribution to the abuse cases. In general the parents were young and of limited financial means and education. Gross poverty or ignorance appeared in only a few instances and in a few cases the parents were of upper middle-class background. Goldston reports a major reversal of traditional roles by the parents. In appearance and demeanor many of the women were reported as being quite masculine and their husbands correspondingly passive and retiring. Abusing parents spoke of their child as if the child was an adult with an adult's capacity for deliberate, purposeful and unvoiced behavior. Galdston pronounced most of the parents otherwise free from the major symptoms of psychotic illness.

Conclusions

As an early theoretical piece, Galdston's article has contributed significantly to the literature. The reported role reversal between marital partners probably has not been replicated.

Gil, D.G. Violence against children. Cambridge, Massachusetts: Harvard University Press, 1970.

Objective of Article

Gil states that the studies reported in his book were undertaken to narrow the existing gaps in the knowledge of the nature and scope of physical abuse of children in the United States.

Methodology

The book reports on a series of nationwide studies commissioned by the Children's Bureau between 1965 and 1968. The studies included: a nationwide survey of public knowledge, attitudes,and opinions about child abuse; nationwide press surveys of child abuse incidents; a pilot study of child abuse cases in California; a survey of every incident of child abuse reported through legal channels throughout the United States in 1967 and 1968; and a comprehensive analysis in a sample of cities in 1967.

Findings

Gil concludes that physical abuse of children is not a uniform phenomenon with one set of causal factors, but rather is a multidimensional phenomenon. The studies showed that the majority of cases came from families with a low socioeconomic status and a limited educational background. Gil identifies five forces which can result in the abuse of children: 1) environmental chance factors, 2) environmental stress factors, 3) deviance or pathology in areas of physical, social, intellectual, and emotional functioning on the part of caretakers and/or the abused children, 4) disturbed intrafamily relationships involving conflicts between spouses and/or rejection of individual children, and 5) combinations of these sets of forces. Gil also points to the culturally-permissive attitude toward the use of force against children as a basic dimension upon which the preceding factors are superimposed.

Conclusions

This book has become a classic in the field. Since the data are now ten years old and were collected before reporting was very consistent, some of the inferences Gil draws may be tenuous.

Green, A.H., Gaines, R.W. and Sandgrund, A. Child abuse: pathological syndrome of family interaction. American Journal of Psychiatry, 1974, 131, 882-886.

Objective of Article

The purpose of the study was to: 1) describe the most common characteristics of abusing mothers, 2) explore the child's contribution to abuse, 3) determine patterns of parent-child interaction in which abuse typically occurs, 4) construct a psychodynamic framework for understanding child abuse, and 5) assess the environmental factors associated with abuse.

Methodology

The sample consisted of mothers of 60 abused children referred by the New York City Family Court. Each mother was interviewed for an hour and a half. Data were augmented by agency and court records. Twenty percent of the mothers and children entered the author's treatment program which also became a source of information.

Findings

Green et al., maintain that child abuse can be described as the end result of an interaction of three major factors: 1) parents' personality attributes that contribute to their "abuse proneness" and are incompatible with adequate child rearing, 2) characteristics of the child that increase the likelihood of abuse, and 3) immediate environmental stress. Each of the three factors is explored in detail.

Conclusions

This article is well written and well organized. The study may be faulted for the composition of the sample, which was composed primarily of Black and Hispanic children aged five through thirteen of low socio-economic status. Also since the primary data were mothers' self reports gathered by a child psychiatrist, one might infer additional source of bias or inaccuracy in the study.

Green, A.H. The child abuse syndrome and the treatment of abusing parents. In S.A. Pasternack (Ed.) *Violence and Victims*. New York: Spectrum Publishers, 1975.

Objective of Article

Dr. Green presents a treatment program for abusing parents which is based on his clinical observations and research data gathered while working with abused children and their parents.

Methodology

The article reports on a three-year study by Dr. Green of 60 abused children and their parents. Dr. Green uses several case histories to illustrate his findings.

Findings

Among the various findings reported are six personality characteristics of abusing parents. They are: (1) abusing parents rely on the child for the gratification of dependency needs, (2) they manifest impairment of impulse control due to childhood experience with harsh punishment and identification with violent adult models, (3) they are handicapped by a poor self-concept and feel worthless and devalued, (4) they display disturbances in identity information, (5) they respond to assaults to their fragile self-esteem with compensatory adulation, and (6) they use the child as a scapegoat to bear the brunt of their aggression.

Conclusions

Green's article relies heavily on the work of Steele and Pollock for its theoretical base and as such, adds little insight.

Justice, B. and Duncan, D. Life crisis as a precursor to child abuse. *Public Health Reports*, 1976, 91, 110-115.

Objective of Article

This article explores the effects of life crisis on child abuse. A person is in a state of life crisis when they experience an excessive number of life-changing events which force a readjustment in their life-style.

Methodology

A questionnaire was administered to 35 abusing parents and 35 matched controls. The two groups were compared for their life change scores on the Social Readjustment Scale.

Findings

The abusing parents had high scores on the Social Readjustment Rating Scale, which meant they had experienced excessive change in their lives during the previous 12 months. It was hypothesized that the parents had no time to recover from one crisis before another was upon them. The authors feel the cumulative effect of this series of crises may be harder for the parents to deal with than day-to-day economic pressure and stress. Additionally there was a difference between abusing parents and controls in answers to a series of questions relating to symbiosis. Symbiosis is the kind of attachment that a person establishes with someone else in the effort to get care. At first abusing parents are in competition with one another, but one loses and has to take care of the other. The loser then turns to the child for care. When the child fails to take care of the adult, the adult's frustration is likely to be turned on the child in the form of abuse.

The authors believe abusing parents tend to be: isolated, distrusting, impatient, in conflict with their spouses, and have a poor self-image.

Conclusions

Justice and Duncan basically agree with Kempe's components of abuse: a special child, a parent with potential to abuse, and a crisis. The authors provide practitioners with a clearer understanding of the crisis component and its implications for treatment.

Kempe, C.H., Silverman, F.N., Steele, B.F., Droegemueller, W., and Silver, H.K. The battered-child syndrome. Journal of the American Medical Association, 1962, 181, 105-112.

Objective of Article

Kempe et al. report on the incidence, clinical manifestations, psychiatric aspects, and techniques of evaluation of the battered-child syndrome.

Methodology

In addition to his own work with battered children at the University of Colorado School of Medicine, Dr. Kempe undertook a nationwide survey of hospitals. Seventy-one hospitals answered the survey and reported 302 cases of the battered-child syndrome. In the preceding year 33 of the children died and 85 suffered permanent brain damage. Two individual cases are also reported.

Findings

The battered-child syndrome may occur at any age but is most often found among children younger than three years of age. Kempe et al. describe a complete spectrum of child battery. At one end is the murder of a child by a parent who usually exhibits a frank psychosis. At the other end are cases where no abuse has occurred but where the parent seeks help because he or she is filled with anxiety and guilt because of fantasies of hurting the child. Data in some cases indicate that attacking parents have themselves been subject to abuse in their own childhood.

Conclusions

This article is one of the classic early writings by Kempe. It is interesting to identify concepts that will be developed in his later work.

Melnick, B. and Hurley, J.R. Destructive personality attributes of child-abusing mothers. Journal of Counseling and Clinical Psychology, 1969, 33, 746-749.

Objective of Article

The authors explore a half dozen different hypotheses pertaining to the abuse of children under three years old by a mother.

Methodology

A group of ten abusing mothers was compared with a group of ten controls who were matched for age, SES, and education. Each mother was administered four personality assessment measures; a t-test for small samples was used to assess the significance of all differences between the two groups.

Findings

Six of the eighteen measures yielded significant differences between the two groups of mothers. The abusing mothers had lower self-esteem, less need of nurturance, and higher frustration of need dependence than the controls. The findings suggest that abusing mothers may have less capacity for empathizing with and administering to their children's needs. Test scores also indicated that the abusing mothers had previously experienced considerable frustration of their own emotional needs.

Conclusions

The small sample and its biased composition limit the ability to generalize from this study. However, the methodology is sound and the findings exciting. The study would certainly lend itself to replication with a larger, more diverse sample.

Ounsted, C., Oppenheimer, R., and Lindsay, Jr. Aspects of bonding failure: the psychopathology and psychotherapeutic treatment of families of battered children. Developmental Medicine Child Neurology, 1974, 16, 447-456.

Objective of Article

The article reports on the systems of treatment and prevention used by the authors at Park Hospital for Children, Headington, Oxford.

Methodology

Two different groups of families were seen: 86 families with an injured child and 24 mothers treated as outpatients because of fears they would injure their babies. There was no control group, and no precise statistics were gathered or reported.

Findings

Ounsted et al. report that serious mental illness, psychopathology, and inadequate personalities were found. It is further reported that the parents often came from homes where they themselves had been abused and unloved as children. Frequently, one of the parents was morbidly jealous of the other parent's feelings for the baby. Ounsted, et al. characterize the abusing families as having been closed systems for generations. Their treatment attempts to "open up" the system.

Conclusions

One might question the authors' remark that "no statistics of the results would be meaningful," especially when he claims that in most cases there has been a notable improvement in the intra-familial dynamics." Surely we are ready for child abuse literature to move beyond this type of reporting.

Paulson, M.J. Child trauma intervention: a community response to family violence. *Journal of Clinical Child Psychology*, 1975, *4*,26-29.

Objective of Article

Paulson proposes a number of treatment modalities and community action plans for early identification and treatment of high risk and abusive parents. He advocates an integrated, multidisciplinary, community-based program.

Methodology

Paulson conducted a five-year study of 115 mothers and fathers charged with neglect, abuse, failure to thrive, and other indications of maltreatment of children. No hard data are reported. Various theoretical approaches to understanding abuse are examined by looking at the literature, followed by statements such as "many of the parents...." An extensive bibliography is included.

Findings

Paulson says that child abuse has four interrelated concomitants. First, there is the childhood of the parent which for a great majority was characterized by violence, social isolation, parental insensitivities, and immature, narcissistic, and demanding impulsive behavior on the part of their own parents. Second, there are the interpersonal dynamics within a marriage relationship. Third, is the idiosyncratic role of the target child which includes: a) developmental failures, b) physical and/or psychological handicaps, 2) hyperactivity, d) illegitimacy, and e) lack of response to the parent's own needs. Fourth is the immediate event or situation preceding an act of abuse.

Conclusions

In general Paulson's article fails to live up to its promise and presents a restatement of much earlier work. The theory section is well written, although brief.

Paulson, M.J., Afifi, A.A., Thomason, M.L. and Chaleff, A. The MMPI:
a descriptive measure of psychopathology in abusive parents.
Journal of Clinical Psychology, 1974, *30*, 387-390.

Objective of Article

The purpose of the study was first, to identify characteristic MMPI profiles in order to differentiate between a sample of abusive parents and a comparable sample of non-abusing parents, and second, to differentiate personality characteristics within subgroups of abusing parents.

Methodology

Paulson and his group have been working with abusing parents for a number of years at the UCLA Child Trauma Intervention Program. The 33 mothers and 27 fathers who made up the sample of abusing parents had been referred to the UCLA program. A control group of 100 (63 mothers and 37 fathers) of similar SES was selected randomly from the files of UCLA's child psychiatric outpatient clinic. The 60 experimental subjects were divided by sex into three groups: abusers, passive abusers, and absolute non-abusers. The final group had taken immediate steps to prevent further injury to the child by the abusing parent. All subjects were administered the MMPI. Means and standard deviations were computed and an analysis of variance was performed for every scale with type of subject as one variable and sex as the second.

Findings

Female passive abusers were highest on those scales that measure interpersonal isolation, paranoid-like thinking and depression. The abusing females showed a remarkable absence of neurotic anxiety with minimal evidence of somatizing, self-doubts, depression or insecurity. They did show projection as a defense. The profile of the abusing female was characterized by violence, aggression, and authority conflicts. The male abusers showed the least defensiveness and yet had higher scores than other male subjects on the psychotic-like measures.

Conclusions

The study demonstrates that there is not one homogeneous pattern on the MMPI that characterizes the abusing parent. While there are differences in the profiles of abusing and non-abusing parents, Paulson does not report (or fails to make clear) whether these differences approach statistical significance.

Roth, F. A practice regimen for diagnosis and treatment of child abuse. *Child Welfare*, 1975, *54*, 268-273.

Objective of Article

Roth describes a system for identifying child abuse cases and delivering services and treatment required by the families.

Methodology

The article is a report on the activities of a protective services unit in Illinois that Roth supervised.

Findings

Roth identifies three types of abuse: situational, behavior-patterned, and chronic. Situational abuse occurs because a family is experiencing overall stress that builds until the child is beaten to release the build-up of tension. Roth feels this type of abuse has the best prognosis. Behavior-pattern abuse is more serious. It is typified by scapegoating, role reversal, and the failure to thrive syndrome. Chronic abuse is the most severe and has the worst prognosis. Parents in this category are extremely immature and are capable of killing their child. Abuse is premeditated and vicious. Roth also mentions four characteristics of abusing parents: low self-esteem, isolation, fear of rejection and low frustration tolerance.

Conclusions

While Roth does offer a treatment program based on his theory of child abuse, he fails to discuss whether the program works, and why, and to distinguish with which type of abusers it is most effective.

Sattin, D.B. and Miller, J.K. The ecology of child abuse within a military community. *American Journal of Orthopsychiatry*, 1971, 41, 675-678.

Objective of Article

Sattin and Miller are testing hypotheses relating to increased prevalence of child abuse in poor, disorganized communities either with highly transient populations or socially isolated families.

Methodology

The addresses of 39 child abuse cases were obtained from the Infant Child Protection Council. A control group (N=57) was obtained by drawing a random sample of military parents using the Pediatric Outpatient Clinic at William Beaumont General Hospital. The addresses of both groups were plotted on a street map of El Paso. Tallies were made of the number of each group residing in certain city areas. Chi-squares were run to compare the two groups.

Findings

Both null hypotheses were rejected. Approximately three-quarters of the abusing parents lived in the target disorganized community, and 31% of the abuse cases lived in the most depressed, transient and disorganized neighborhood, compared to only 4% of the controls.

Conclusions

This study tends to raise more questions than it answers. This is not a criticism; good studies should generate additional questions. However, the data presented are so confounded with SES that the inferences regarding emotional stress are not confidently made.

Smith, S.M. and Hanson, R. Interpersonal relationships and child-rearing practices in 214 parents of battered children. *British Journal of Psychiatry*, 1975, 127, 513-525.

Objective of Article

Smith and Hanson examine a wide variety of child-rearing methods, background factors, and personality characteristics among 214 parents of battered children. The authors believe that some child-rearing practices may be typical of low social class populations and not particularly characteristic of baby batterers.

Methodology

The study lasted two years and involved 134 battered infants and children under five years old and their parents. Fifty-three children who were admitted to the hospital as emergencies other than accident or trauma provided a control. All parents were seen both at the hospital as soon as possible after the child's admission, and at home, and were given standardized psychiatric, psychological and social interviews. Sampling techniques were not discussed. The study includes a bibliography of 61 entries.

Findings

Smith and Hanson report that battering mothers were most clearly characterized by punitiveness, carelessness in supervision, emotional overinvolvement, neuroticism, hostility, marital unhappiness and adverse childhood experiences. For fathers, punitiveness, hostility and neuroticism were important characteristics.

The study failed to confirm two generally held beliefs regarding abusing parents. First, the demanding behavior of battering parents did not exceed that which generally characterizes low social class populations. Secondly, role-reversal between battering parents and their children was found to be no greater than in a normal sample.

Conclusions

This is an excellent article packed with hard data. The various charts and graphs which accompany the article make it extremely readable.

Smith, S.M., Hanson, R. and Noble S. Parents of battered children: A controlled study. In A.W. Franklin (Ed.), Concerning Child Abuse. New York: Churchill Livingstone, 1975.

Objective of Article

Because previous studies regarding characteristics of child abusers had led to conflicting conclusions, the authors decided to undertake the controlled investigation of battered children and their parents reported in this article.

Methodology

For a two-year period 134 battered infants and children under five years and their parents were studied. The parents were referred to the study by the consulting pediatrician who first saw the child. A control group of 53 children and their parents entering the hospital as emergencies were used. All parents underwent standardized psychiatric, psychological and social interviews.

Findings

The referred parents were younger and of lower social class than controls. Significantly more of the referred parents had an abnormal personality; referred mothers were more neurotic than controls, and had lower I.Q.'s. The authors feel that the risk of battering possibly diminishes with time and that parent education, symptomatic relief, and social relearning are realistic treatment methods.

Conclusions

This English study tends to confirm some of Gil's(1968) findings,but is at odds with Kempe, who reported a general lack of psychopathology in abusers and that abuse occurs across social classes.

Smith, S., Honigsberger, L. and Smith, C.A. EEG and personality factors in child batterers. In A.W. Franklin (Ed.). Concerning Child Abuse. New York: Churchill Livingstone, 1975.

Objective of Article

The authors believe insufficient emphasis has been placed on the possible organic causes of child battering. The article reports on an investigation of EEG findings among child batterers and abnormal personality correlates.

Methodology

As a part of a comprehensive study of 130 child battering cases, EEG's were recorded on 35 subject.

Findings

Out of 35 parents who battered their children eight had an abnormal EEG. All eight were found to be psychopathic, of low intelligence, and to be persistent batterers. The authors feel that the presence of abnormal EEG suggests that some child batterers are more closely related to people who commit other acts of violence and are not, therefore a homogenous group about whom it is safe to generalize.

Conclusions

Even though the study may contain some fatal methodological flaws (the authors never explained why only 35 out of 214 parents in the 130 child abuse cases were selected for the study) it does serve as a reminder that there is a minority of very dangerous persons among abusing parents.

Steele, B.F. and Pollock, C.B. A psychiatric study of parents who abuse infants and small children. In R.E. Helfer and C.H. Kempe (Eds.), The Battered Child. Chicago: University of Chicago Press, 1974.

Objective of Article

A discussion of patterns and similarities in the psychological make-up of parents who abuse their children.

Methodology

Clinical studies of 60 parents who had significantly abused their children. The authors readily admit that the sampling was haphazard.

Findings

The general characteristics of the parents included a broad range of socioeconomic strata, education level, IQ, age, marital stability and ethnic backgrounds. The authors discussed what have now become fairly standard theories about the psychological function of battering parents: (a) unrealistic expectation of the child's performance (b) role reversal, with the parent seeking nurturance from the child (c) parents raising their children as they themselves were raised (d) lack of mothering ability (e) lack of confidence (f) isolation (g) lack of a sense of identity. Secondary factors contributing to the abuse may be: (a) other elements of the abuser's psychopathology (b) encouragement from the non-abusing spouse (c) an unwanted, unhealthy, or otherwise unsatisfactory child. Regarding the circumstances of the attack, Steele and Pollock write:

> The parent approaches each task of infant care with three incongruous attitudes: First, a healthy desire to do something good for the infant; second, a deep, hidden yearning for the infant to respond in such a way as to fill the emptiness in the parent's life and bolster his low self-esteem; and third, a harsh authoritative demand for the infant's correct response, supported by a sense of parental rightness. (p. 110)

If the good deed for the child fails or the infant does not respond appropriately, the aggressive, demanding element may manifest itself.

CONCLUSIONS

The article is helpful as a brief summary of the psychodynamics of child abuse. Interestingly, the authors state that an attack with intent to kill the child is a different phenomenon entirely; hence, their psychological profile may not apply to parents whose children die as a result of abuse or neglect.

Terr, L.C. A family study of child abuse. American Journal of Psychiatry, 1970, 127, 125-131.

Objective of Article

This report examines the individual and family dynamics of ten cases of child abuse and groups the findings in order to organize and clarify the mechanisms of abuse.

Methodology

Ten battered children and their families were evaluated by the author over a six-year period. In each case the primary psychiatric evaluation was conducted by the author. Various methods of individual and family assessment were used. A bibliography of 15 entries is included.

Findings

Five boys and five girls were abused. The age range of abused children was from three months to nine years. There were nine mothers and one father in the group of abusers. Nine families were white and one was black. The abusers showed a wide range of education and occupation. Psychiatric diagnosis included two schizophrenic abusers and eight abusers with severe character disorders. In each case the abusing parent had a specific fantasy about the abused child. At the time of the abuse, nine abusers were married and the tenth had a serious boyfriend. Nine couple relationships were marked by extraordinary extremes in dominant-submissive or aggressive-passive relationships. In four cases the abuser was dominant in the marriage; in six, the abuser was extremely passive in the relationship. Five nonabusers were unusually dominant and five were passive. There was more than one child in seven cases. The abuser's treatment of other siblings depended on the fixity of the abuser's fantasy upon the battered child. If the displacement was fluid, it could settle upon other siblings. There were three ways in which the child exerted profound influence on the family: through physical abnormalities, ego deficits secondary to maternal deprivation, and retaliatory activities of the child.

Conclusions

Although based on a limited number of cases that are not representative, Terr presents an interesting typology of abuse with specific implications for intervention.

Wright, L. The "sick but slick" syndrome as a personality component of parents of battered children. *Journal of Clinical Psychology*, 1976, *32*, 41-45.

Objective of Article

Wright's study seeks to explore the personalities of battering parents by obtaining quantifiable data about them from standard personality measures.

Methodology

Thirteen parents convicted of child abuse and a matched sample of thirteen controls were given a battery of personality tests. The battery consisted of the Rorschach, MMPI, and Rosenzweig Picture Frustration Study. No hypotheses were made. Data were examined and interpreted post hoc.

Findings

Significant differences were found on 5 of 21 study variables. Battering parents appeared healthier on those items where the socially acceptable responses are more obvious. They appeared more disturbed (psychopathic) on less obvious items. Wright concludes that battering parents are psychopathically disturbed but are often able to present themselves as healthy and unlikely to abuse their children. He labels this ability as the "Sick but Slick" syndrome.

Conclusions

As Wright points out, the sample is quite small, the number of comparisons large, and the number of significant findings meager. He also points out that the value of this study may be in its ability to generate hypotheses.

Alvy, K.T. On child abuse: values and analytic approaches. *Journal of Clinical Child Psychology*, 1975, 4, 36-37.

Objective of Article

Alvy examines two approaches to analyzing the problem of child abuse in America. He concludes that the United States has adopted a narrow approach to child abuse, an approach which he says may assuage our collective consciences but may be doomed to fail in eradicating abuse.

Methodology

Alvy presents a brief literature review with 18 citations.

Findings

Alvy terms the two approaches the comprehensive approach and the narrow approach. The comprehensive approach is grounded in Gil's work and finds three types of child abuse: 1) collective abuse, 2) institutional abuse, and 3) individual abuse. Collective abuse refers to those attitudes held collectively by our society which impede the psychological and physical development of children. Institutional abuse refers to abusive and damaging acts perpetrated against children by such institutions as schools, juvenile courts, child welfare agencies, etc., which have responsibilities for children. Individual abuse refers to the physical and emotional abuse of children which results from acts of commission or omission on the part of parents or other caretakers. The narrow approach defines child abuse in a restricted sense since it excludes collective or institutional abuse. It limits the definition to only individual abuse on the part of parents and other caretakers.

Conclusions

This short article should be thought-provoking for many in the child welfare field.

Alvy, K.T. Preventing child abuse. *American Psychologist*, 1975, 30, 921-928.

Objective of Article

The first part of the article is concerned with two major analytical approaches to the problem of child abuse: the comprehensive approach, which defines abuse as collective and institutional, as well as individual in nature, and the narrow approach, which considers only individual abuse. Alvy follows the first part of the paper with an extended discussion of the relationship between theoretical formulations of the causes of individual abuse and programs that have the potential for preventing abuse.

Methodology

Alvy presents a literature review with 43 bibliography entries.

Findings

Within the perspective of the narrow approach, Alvy perceives the prevention of child abuse as an obtainable goal for our society. Alvy makes specific programmatic suggestions concerning the primary and secondary prevention of individual abuse.

Conclusions

Alvy concedes that evaluating the effectiveness of the programs discussed would be problematic. He does suggest some realistic prevention programs which could be attempted on a local level.

Bondouris, J. Homicide and the family. *Journal of Marriage and the Family*, 1971, *33*,667-676.

Objective of Article

Bondouris proposes that homicides involving family members represent problems in family interaction and maladjustment and that the proper training of persons in family counseling and crisis intervention may help reduce the homicide rate.

Methodology

Bondouris analyzed 6,360 homicides which occurred in the city of Detroit from 1926 to 1968. He classified the homicides into 12 categories based on social interaction. The 12 categories were: a) family relations, b) love affairs, c) friends and acquaintances, d) business relations, e) criminal transaction, f) non-criminal homicide, g) cultural-recreational-casual, h) sub-cultural recreational-casual, i) psychiatric, j) suicide-murder, k) incidental, and l) unknown.

Findings

The largest category of homicides involved family relations. For the entire period from 1926 to 1968, 57.7 percent (3140 of 5443) of the homicides involved family members and close friends. The proportion of family members involved in homicides was 29.5 percent (1603 of 5443). Marital status (legally married vs. common-law) had no influence on homicide rate. Non-whites had a higher rate of homicides than whites.

Conclusions

The research in this study is a crude lumping of data into categories. Unfortunately Bondouris considered the immediate circumstances leading to the homicide "irrelevant" for his purposes. Perhaps an understanding of the precipitating factors might give Bondouris' family counselors a better idea of where and how to intervene.

Erlanger, H.S. Social class differences in parents' use of physical punishment. In S.K. Steinmetz and M.S. Straus (Eds.), *Violence in the family*. New York: Harper and Row, 1974.

Objective of Article

Erlanger explores the relationship between social class and techniques of punishment used by parents.

Methodology

The author reports on a systematic tabulation and analysis of American studies of punishment techniques.

Findings

The data suggests that the relationship between social class and the use of spanking is relatively weak and it is probably not strong enough to be of great theoretical or practical significance. The author says that there may be evidence of a trend away from spanking at all social levels.

Conclusions

The article tends to refute generally held assumptions that spanking is much more a phenomenon to be found in lower class and black families than in middle class white families, while the findings regarding social class and race may very likely remain the same. It would be interesting to see if the decrease in physical punishment trend would continue with more recent data (the studies reported on are between 1932 and 1964.)

Feshbach, N.D. The effects of violence in childhood. *Journal of Clinical Child Psychology*, 1973, 2,28-31.

Objective of Article

Feshbach discusses the implications of the use of physical punishment in the socialization and training of children. In addition to findings based on empirical psychological research, the author also discusses her own personal value system as a basis of opposing physical violence against children.

Methodology

The article is a brief literature review with 25 bibliography entries.

Findings

Feshbach reports that the degree of parental punitiveness has been found to be positively correlated with various forms of psychopathology in children, especially delinquency and aggressive acting-out behavior.

Conclusions

This article may have limited application for protective services other than to reinforce the already generally held belief that battered children will require intervention to help remove the psychological as well as the physical scars they have received.

Garbarino, J. A preliminary study of some ecological correlates of child abuse: the impact of socioeconomic stress on mothers. Child Development, 1976, 47,178-185.

Objective of Article

The study is an attempt to investigate empirically selected features of the human ecology and assess the relation of parent support systems to the incidence of child abuse.

Methodology

The study used New York counties as units of analysis. New York has a mandatory reporting law which utilizes a toll-free telephone service to collect reports. The study used reported instances of abuse as the dependent variable and used a stepwise multiple regression procedure to develop the best predictive equation based on 12 independent variables (socioeconomic and demographic indices).

Findings

The data support that the degree to which mothers in a particular county are subjected to socioeconomic stress without adequate support systems accounts for a substantial proportion, (36%) of the variance in rates of child abuse, while general economic variables accounted for 16% of the variance.

Conclusions

It is refreshing to read a study which attempts to include the crisis or stress factor in child abuse. The study may raise more questions than it answers, but is a much needed step in the right direction.

Gelles, R.J. The social construction of child abuse. *American Journal of Orthopsychiatry*, 1975, 45, 363-371.

Objective of Article

Gelles contends that research on child abuse has focused on three areas: incidence, etiology, and prevention and treatment. Gelles feels that we have failed to realize that child abuse is social deviance and is the product of social labeling. He suggests that an analysis of child abuse using social labeling theory will assist in filling in present gaps in our knowledge of the subject.

Methodology

The article is a literature review which suggests several questions for empirical research.

Findings

Gelles proposes that we investigate who does the public labeling of abuse, what definitions or standards are employed, under what conditions are labels successfully applied, and what are the consequences of the labeling process. Gelles further suggests that one way of integrating our knowledge of child abuse is to take a social systems view of the various agencies (or systems) involved in the problem. The six systems he identifies for exploration regarding interaction, interfaces, etc., between systems are: the medical system, the social service system, the criminal justice system, the school system, the neighbourhood and friendship system, and the family and kin system.

Conclusions

Gelles has raised some crucial questions and proposed a framework for empirical examination. Researchers and planners in the field of child abuse would do well to give his suggestions careful consideration.

Gelles, R.J. Violence and pregnancy. *The Family Coordinator*, 1975, January, 81-86.

Objective of Article

Gelles wants to alert family services practitioners to the problem of violence towards pregnant women.

Methodology

This article reports on an exploratory study which investigated physical violence between husbands and wives. Members of 80 families were interviewed using an unstructured, informal procedure regarding the incidence, types and causes of physical violence between the husband and wife.

Findings

In more than half (44) of these families at least one incident of conjugal violence was reported. In ten of the 44, violence had occurred while the wife was pregnant. Gelles proposes that there are five major factors which contribute to pregnant wives being assaulted by their husbands: (1) sexual frustration, (2) stress and strain of family transition, (3) bio-chemical changes in the wife, (4) pre-natal child abuse, and (5) defenselessness of the wife. Regarding the factor of pre-natal child abuse Gelles felt that some of the attacks were attempts by the husband to terminate the pregnancy (which was successful in 2 of the 10 cases) and hence gain relief from the stress of another child. Gelles feels that violence against the pregnant mother may serve as an indicator or predictor of future abuse of children in these families.

Conclusions

While this study does not present conclusive findings, it does indicate a possible beneficial predictor in child abuse prevention efforts.

Gibbens, T.C.N. Violence in the family. The Medico-Legal Journal, 1975, 43, 76-88.

Objective of Article

This is a paper presented by a forensic psychiatrist to the Medico-Legal Society in London in 1971. He explores various forms of intra-family violence with emphasis on child abuse and wife battering and passing references to children who murder parents and children who murder siblings. He is exploring the possibility of similarities between people who perform these different acts of violence. The paper contains many statistics and few concrete conclusions.

Methodology

A literature survey, with case study.

Findings

In child abuse (including infanticidal) situations, long continued stresses in the lives of the parents are more crucial than sudden outbursts. Interestingly, he finds that heavy drinking is not an important factor, though it is in wife battering cases. He sees child abuse as primarily a problem of lack of education (about child-rearing techniques) of immature parents.

In wife beating, heavy drinking is a common factor. The author notes that a large percentage of violent men were raised in violent families.

He emphasizes that family violence occurs at all social levels. He is pessimistic about the ability of any group—police, doctors, or social workers, to detect violence. Victims avoid medical treatment and lie about what is happening. Families are generally reluctant to talk about such problems.

Conclusions

Interesting but does not add much to the collection of data.

Goode, W.J. Force and violence in the family. *Journal of Marriage and the Family*, 1971, *33*:624-636.

Objective of Article

Goode contends that the family, like all other social units, is a power system, resting to some degree on force. Force can be used as a deterrent; it can also be used to persuade others to do something, not merely to avoid doing something. Goode examines the role of force in socialization (along with outside supporters of the use of force in the family such as the community, the state, friends, and so on). Finally, Goode looks at force which appears as assault, murder, and child abuse, from an exchange perspective.

Methodology

Goode's article is a theoretical work based on a literature review. The article contains a bibliography of 18 references.

Findings

Goode says that in any continuing family interaction members are bound to one another through an ongoing series of exchanges. When family members fight they are likely to refer to what each owes the other. The wronged family member usually feels that he/she is paying out more than he/she is receiving (in love, respect, or whatever). Goode also mentions three additional traits of people that increase the risk of violence among family members: 1) the unwillingness of human beings to submit, 2) the unwillingness to escape, and 3) people are not equipped by automatic, nearly reflex mechanisms that prevent them from killing when their opponent finally does quit. It is especially in the family that we cannot or will not escape easily, because our emotional investment in these relations are so great, the costs of leaving are high, and the social pressures to maintain the ties are strong.

Conclusions

In the section of his article relating to child abuse, Goode abandons his theory of exchange and recites Steele and Pollock. The experienced protective services worker might do better to attempt an integration of Goode's theory with Steele and Pollock's typology. Such an integration could give added insight regarding possible intervention strategies.

Bakan, D. Youth violence, and the nature of family life. *Psychiatric Annals*, 1975, 5, 18-25.

Objective of Article

The author is advocating a more realistic look at the family, rather than the traditional idealistic view.

Methodology

Literature review.

Findings

Two conditions support the need for a more critical view of the family:

1) The syndrome of family violence. Most murders and suicides occur within intimate relationships like the family. Also, violence is passed from generation to generation. The author cites evidence that child abuse is not the work of a psychotic fringe element, but is a magnified version of our society's attitude toward children.

2) Families contribute to mental illness, specifically, criminal behavior, and early delusions and hallucinations of schizophrenia.

Bakan also concludes that family creation must become less routine; there must be less pressure to marry and have children. Possibly the increased intervention in private lives is justified. Bakan expresses doubt about how far this should go.

Conclusions

The article presented some interesting ideas, but gives them only superficial treatment. There is little discussion of infanticide.

Langer, W.L. Infanticide: a historical survey. *History of Childhood Quarterly*, 1974, 1, 353-365.

Objective of Article

A history of infanticide in the Western Hemisphere.

Methodology:

Literature survey. Includes extensive bibliography.

Findings:

Infanticide is an ancient practice, and one which was originally used as a method of population control. Christianity, under the influence of Jewish law, began condemning the practice around 300 A.D., yet it continued to be practiced. Governments began dealing with the problem in the 19th century, enacting laws, and establishing hospitals for foundlings. Hospitals became so overcrowded that the children were dying. The practice is less common today due to several factors: birth control measures, better economic security and child care, and progress in pediatric medicine.

Conclusions:

The article is a good and concise summary, valuable for the history it contains.

Miller, D. and Looney, J. The prediction of adolescent homicide: Episodic dyscontrol and dehumanization. The American Journal of Psychoanalysis, 1974, 34, 187-198.

Hypothesis of Research:

The authors describe three basic types of murder syndromes which have varying degrees of accuracy in prediction. The hypothesis of this study is that the capacity to dehumanize others, partly produced under stress and either associated with episodic dyscontrol or permanent in the personality, is the issue which differentiates the murderer from the ordinary.

Methodology:

The study has taken place over a period of eight years in Britain and the United States. The setting is unreported. The number of cases is unreported. The article is essentially a brief theoretical review with 35 references and a few examples from case histories.

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

[illegible] aspect of [illegible]. [illegible] violence, [illegible] and [illegible] violence within the family, and con-flict theory applied to the family system.

Application:

[illegible] as [illegible]. The primary [illegible] of [illegible] to [illegible] violence in the family.

Sennett, R. The brutality of modern families. Transaction, 1970, 7, 29-37.

Purpose of Article:

Sennett characterizes the modern family as [illegible]. He [illegible] of the intensity of family relations and [illegible] modern family life [illegible]. Sennett [illegible] syndrome. The [illegible] syndrome is expressed in the attitude of [illegible] families [illegible] good families ought to be happy and happy families ought to be [illegible]. The emergence of conflict in [illegible] family [illegible] to indicate some kind of moral failure.

Methodology:

Sennett is presenting a theoretical piece. No empirical research or [illegible] are included.

Findings:

Sennett feels that families in which [illegible] conflicts are repressed will [illegible] than families in which [illegible] are openly expressed.

Application:

Sennett's theory might have applications for [illegible] in that they should be alert for [illegible] in families that

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Sprey, J. The family as a system in conflict. *Journal of Marriage and the Family*, 1969, 31, [illegible]

Synopsis of Article

[illegible]

Methodology and Findings

[illegible]

Evaluation

[illegible]

[illegible]

Synopsis of Article

[illegible]

Methodology

This is a theoretical piece with 53 citations.

Findings

Steele looks at the question of the origins of violence and the four main categories that have been used for explanation: biological, psychological, sociological and cultural. He briefly explores all four of these positions and points out the weaknesses of each. Regarding child abuse, Steele cites his experience gained from fifteen years working in the field. He believes the most common element is the lack of emphathetic mothering in the early years of the abusing parents. The early experience of abuse or neglect predisposes the person to use agression to solve problems, accompanied by a lack of empathy for others, and poor ability to handle stress.

Conclusions

More than anything else the chapter points out the tremendous cost to society in lives, pain and suffering, not only to this generation but generations to come, if the cycle of abuse isn't broken.

Steinmetz, S.K. and Straus, M.A. The family as cradle of violence. *Society*, 1973, *10*, 50-58.

Objective of Article

Steinmetz and Straus explore four myths regarding family violence: the psychopathology myth, the class myth, the sex myth, and the catharsis myth.

Methodology

No empirical research is included and no direct citations of other works are presented, although some are referred to by name.

Findings

The authors conclude that the four stereotypes contain a kernel of truth but are dangerous over-simplifications. Regarding the psychopathological myth, Steinmetz and Straus say that physically abusive husbands, wives,and children are of overwhelmingly sound mind and body. Although there are some differences between social classes in intrafamily violence, the class myth ignores the high level of family violence in other social strata. The sex myth, although based on historically accurate observation of the link between sex and violence, tends to assume that this link is biologically determined and fails to take into account the social and cultural factors which associate sex and violence in many societies. The catharsis myth seems to have the smallest kernel of truth at its core, and its persistence may be due to the subtle justification it gives to the violent nature of American society.

Conclusions

With their refutation of these myths Steinmetz and Straus would tend to confirm much of the child abuse literature; i.e., abusing parents are not necessarily mentally ill, or solely from lower socioeconomic classes or male.

Straus, M.A. A general systems theory approach to a theory of violence between family members. Social Science Information, 1973, 12, 105-125.

Objective of Article

Straus makes use of general systems theory to formulate a theory accounting for the presence of violence in the family. He views continuing violence as a systemic product rather than a product of individual behavior pathology.

Methodology

Straus presents a theoretical work with 35 bibliographic entries.

Findings

Straus presented the various stages in the development of his theory. He began with a block diagram which provided an inventory of possible relevant variables with suggestions as to their interrelationships. Secondly, he articulated a set of eight interlinked propositions which he feels account for the stabilization of violence in the family system. Finally, a flow chart was devised to demonstrate the branching and feedback processes which provide the dynamic elements of the system. The eight previously mentioned propositions are: 1) violence between family members arises from diverse causes, 2) relative to the rate of publicly known or treated violence between family members, the actual occurrence is extremely high, 3) most violence is either denied or not labeled as deviance, 4) stereotyped imagery of family violence is learned in early childhood from parents, siblings, and other children, 5) the stereotypes of family violence are continually reaffirmed, 6) violent persons may be rewarded for violent acts if these acts produce the desired results, 7) use of violence, when it is contrary to family norms, creates conflict over the use of violence, and 8) persons labeled as violent may be encouraged to play out the role.

Conclusions

The Straus article provides a theoretical framework both for empirical research and the development of intervention strategies.